STAY FREE!

PSYCHOLOGY ISSUE

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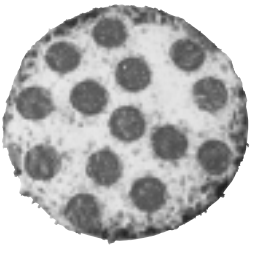

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Stay Free! is an independent magazine exploring American media and consumer culture. *Stay Free!* is published once a year (more or less). If you would like to contribute to the magazine, write a letter pitching your idea and send pertinent samples of your work.

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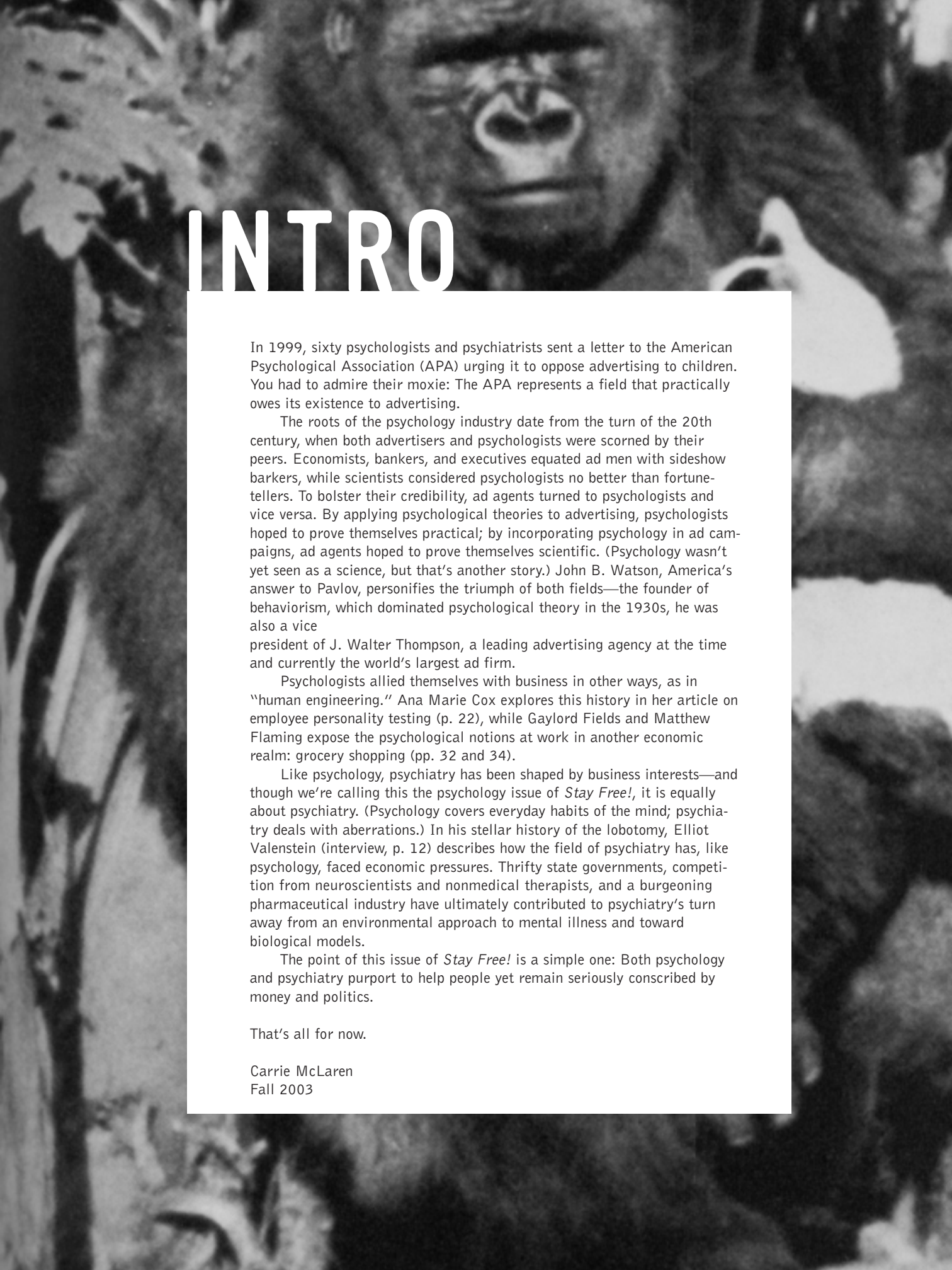

INTRO

In 1999, sixty psychologists and psychiatrists sent a letter to the American Psychological Association (APA) urging it to oppose advertising to children. You had to admire their moxie: The APA represents a field that practically owes its existence to advertising.

The roots of the psychology industry date from the turn of the 20th century, when both advertisers and psychologists were scorned by their peers. Economists, bankers, and executives equated ad men with sideshow barkers, while scientists considered psychologists no better than fortune-tellers. To bolster their credibility, ad agents turned to psychologists and vice versa. By applying psychological theories to advertising, psychologists hoped to prove themselves practical; by incorporating psychology in ad campaigns, ad agents hoped to prove themselves scientific. (Psychology wasn't yet seen as a science, but that's another story.) John B. Watson, America's answer to Pavlov, personifies the triumph of both fields—the founder of behaviorism, which dominated psychological theory in the 1930s, he was also a vice
president of J. Walter Thompson, a leading advertising agency at the time and currently the world's largest ad firm.

Psychologists allied themselves with business in other ways, as in "human engineering." Ana Marie Cox explores this history in her article on employee personality testing (p. 22), while Gaylord Fields and Matthew Flaming expose the psychological notions at work in another economic realm: grocery shopping (pp. 32 and 34).

Like psychology, psychiatry has been shaped by business interests—and though we're calling this the psychology issue of *Stay Free!*, it is equally about psychiatry. (Psychology covers everyday habits of the mind; psychiatry deals with aberrations.) In his stellar history of the lobotomy, Elliot Valenstein (interview, p. 12) describes how the field of psychiatry has, like psychology, faced economic pressures. Thrifty state governments, competition from neuroscientists and nonmedical therapists, and a burgeoning pharmaceutical industry have ultimately contributed to psychiatry's turn away from an environmental approach to mental illness and toward biological models.

The point of this issue of *Stay Free!* is a simple one: Both psychology and psychiatry purport to help people yet remain seriously conscribed by money and politics.

That's all for now.

Carrie McLaren
Fall 2003

WORLD VIEW

In the video game Saints of Virtue, players don the full armor of God to overcome vanity and other enemies hidden in their hearts; in Charlie Church Mouse! kids act out 3-D Bible stories. These and other Christian video games, sold for the PC, are becoming popular as small Christian software companies learn from the mistakes of older Christian games: play down the preaching, play up the excitement. Jim Boyle, a college freshman and a lifelong gamer, says he likes Saints of Virtue and similar games because he "was getting tired of the market being filled with blood and gore games." But not every Christian is completely satisfied—customers complained to Sunday Software about its game Joseph's Story because the woman archaeologist's shorts were too revealing. (*Wall Street Journal,* 12/17/02)

Climate control technicians admit to putting fake thermostats in offices in order to curb employees' "annoying" requests to adjust the air temperature. Other gizmos are often used to give us the illusion of control, such as the close-door buttons in elevators and the walk-signal buttons at intersections. Some of these knobs and buttons served a purpose at one point but have been disassembled from the inside to serve as a placebo. (*Wall Street Journal*, 1/15/03)

The Children's Services Ministry of Alberta is considering selling advertising on its website. If the plan goes through, pitches for Coke and Petco may end up next to the smiling faces and profiles of orphans available for adoption. Since it was launched in February 2003, the site has ignited controversy for its market-centered approach to child welfare. The profiles of needy children—intended to attract potential parents—include kids' personal habits, video clips, and photos. (*Canadian Press*, 5/13/03)

At Wal-Mart, McDonald's, Lowe's, and other corporations, employees are now being offered new "limited benefit" health insurance plans—policies that cap basic benefits at $1,000 per year. Employees pay about $10 a week for a typical plan and a $10 copayment for doctor visits—in other words, at least $500 a year for a plan that offers at most $1,000 of coverage. At an insurance industry gathering in Las Vegas last year, agents erupted into laughter when an insurance company executive explained a limited-benefit plan offered by Star Human Resources. "The annual cap is $1,000. That's not the deductible," said the executive from Dallas insurer UICI, which had just acquired Star. He told agents not to laugh. Economically, the potential customers "are at the bottom of the food chain," he said. "I don't want to make fun [of this coverage.]" (*Wall Street Journal*, 5/14/03)

An ad for the Chevrolet Cavalier, circa winter 2002–2003

Traditional summer camps are becoming a thing of the past as many families choose spa-like retreats for the kids. According to a 14-year-old from Maryland, the old-school camps are "immature"; some campers now prefer places where the daytime fun includes massages, yoga classes, and an occasional trip to the mall. Among the more ambitious offerings at such camps are courses titled "Pint-sized Aromatherapy," "Fishing for Intentions at the Bridge of Imagination," and "The Art of Chillin' Out." (*Wall Street Journal*, 6/5/03)

Rick Bronson, a truck driver for Coca-Cola in El Monte, California, was fired for drinking Pepsi. According to Coke's informant, Bronson drank a Pepsi in the backroom of a store to which he was delivering Coke. The company prohibits "slander" against the brand, but the local Teamsters union, of which Bronson is a member, believes that this charge was an excuse to retaliate against Bronson for trying to organize fellow workers three months earlier. Coca-Cola denies the allegation. (*Sydney Morning Herald*, Australia, 6/14/03)

The crew members aboard the Columbia Space Shuttle weren't the only casualties of the February 2003 explosion: two flowers (a miniature rose and an Asian rice plant) were also destroyed. International Flavors and Fragrances Inc. placed the flowers on board in hopes that the ship's low gravity would affect the flowers' scents. The new odors would have been used to sell perfumes and soaps on Earth. Experiments provided by private companies are common on NASA and Russian space missions as a way to offset costs. (*Washington Post*, 3/19/03)

In San Francisco 2002 a man hacked up his landlady, and another man murdered his parents in Virginia this February, both claiming that they had been sucked into "the Matrix." "Free yourself from the Matrix," wrote Lee Boyd Malvo, the accused Washington, D.C. sniper. Defense attorneys are presenting this new blockbuster insanity plea in copycat murder trials across the country. Said Tonda Lynn Ansley, who was found not guilty by reason of insanity of shooting her landlord, "The Matrix . . . is where you go to sleep at night and they drug you and take you somewhere else and then they bring you back and put you in bed. When you wake up, you think that it's a bad dream." (Court TV.com, 5/21/03)

Abercrombie & Fitch claims it does not discriminate when it aggressively recruits "brand representatives" (that is, sales clerks) who resemble the company's "classic American" ideal, which happens to be blond, blue-eyed, physically fit, and, of course, cute. But according to Antonio Serrano, a former assistant manager at an Abercrombie & Fitch store in Scranton, Pennsylvania, "We were supposed to approach someone in the mall who we thought would look attractive in our store. If that person said, 'I never worked in retail before,' we said, 'Who cares? We'll hire you.' But if someone came in who had lots of retail experience but not a pretty face, we were told not to hire them at all."

Although hiring only good-looking people is legal, discrimination on the basis of race, gender, age, or disability is not, and several Hispanic, Asian, and black job applicants in San Francisco are suing Abercrombie & Fitch because they were steered to the storeroom rather than the sales floor. Abercrombie & Fitch is far from the only perp—many other retailers hire on the basis of a particular image. When she was a West Coast sales manager at L'Oréal, Elysa Yanowitz says, the company tried to force her out because she refused to fire a woman whom a top manager described as insufficiently "hot." (*New York Times*, 7/13/03)

STATISTICAL TABLE FROM THE U.S. CENSUS OF 1840

States	Total White population	Insane and Idiots	Proportion	Total Color'd population	Insane and Idiots	Proportion
Maine	500,438	537	1 in 950	1,355	94	1 in 14
New Hampshire	284,036	488	1 in 584	538	19	1 in 28
Massachusetts	729,030	1,071	1 in 662	8,669	200	1 in 43
Vermont	291,218	398	1 in 731	730	13	1 in 56
Connecticut	301,856	498	1 in 606	8,159	44	1 in 185
Rhode Island	105,587	203	1 in 520	3,243	13	1 in 249
New York	2,378,890	2,110	1 in 1,108	50,031	194	1 in 257
New Jersey	351,588	369	1 in 952	21,718	73	1 in 293
Pennsylvania	1,676,115	1,946	1 in 861	37,952	187	1 in 256
Delaware	58,561	52	1 in 1,126	19,524	28	1 in 697
Maryland	317,717	387	1 in 821	151,515	141	1 in 1,074
Virginia	740,968	1,052	1 in 704	498,829	381	1 in 1,309
North Carolina	484,370	580	1 in 835	268,549	221	1 in 1,215
South Carolina	259,084	376	1 in 689	335,314	137	1 in 2,440
Georgia	407,695	294	1 in 1,387	283,697	134	1 in 2,117
Ohio	1,502,022	1,195	1 in 1,257	17,345	165	1 in 105
Kentucky	590,253	795	1 in 742	189,575	180	1 in 1,053
Louisiana	158,457	55	1 in 2,873	193,954	45	1 in 4,310

Using data from the U.S. Census of 1840, statisticians purported to show that the mental health of "coloreds" is better under slavery. Note that in slave-owning states such as Georgia and South Carolina the proportion of black "insane and idiots" appears to be even lower than that of whites. (Originally published in *The American Journal of Insanity*, 10/8/1851; reprinted in Thomas S. Szasz, ed., *The Age of Madness: The History of Involuntary Mental Hospitalization*, 1974.)

As part of the "Let's learn English" wave in Asia, a handful of parents in South Korea and China have sent their kids to plastic surgeons to cut the tissue under their tongues, the idea being that they will have an easier time pronouncing difficult English consonants. But many doctors, like Dr. Chang Shyue-yih at the Taipei Veterans General Hospital, refuse to do the procedure: "The only way to improve pronunciation is to practice."

At her English school in Taiwan, teacher Shi Si-ju wears camouflage fatigues, sometimes with an Afro wig and blackface, as she leads military-style lessons filled with rousing cheers and rap music. According to her website, Shi wants "to make English more fun than playing computer games, and more interesting than the internet."

Celebrities have written guides to learning English, including Dewi Sukarno, the widow of the former Indonesian dictator. Mrs. Sukarno's book explains such matters as how to excuse oneself to go to the bathroom: "May I excuse for a while? I'd like to powder my nose. I wish to be perfect when I'm with you."

And in Tainan, Taiwan, garbage trucks that used to play classical music to signal their arrival now blast English lessons as they enter a neighborhood: "Let's talk in English! How are you? Fine, thank you. Goodbye. See you tomorrow." (*Wall Street Journal*, 9/25/02)

Collegiate Memorials in Macon, Georgia, specializes in selling funeral equipment—coffins, urns, and the like—emblazoned with the insignia of the deceased's college or university. This "expression of loyalty to their alma maters or to their favorite collegiate sports teams," as the company's website puts it, is most popular in the South and the Midwest. (*Hartford Courant*, 2/20/03)

Prozac on the Couch

Prescribing Gender in the Era of Wonder Drugs

JONATHAN MICHEL METZL 296 pages, 37 illus., cloth $24.95

Prozac on the Couch traces the notion of "pills for everyday worries" through psychiatric and medical journals, popular magazine articles, and pharmaceutical advertisements to provide a cultural history of treatments for depression, anxiety, and other mental illnesses.

"*Prozac on the Couch* is a totally fresh and mind-altering work... that challenges us to think about psychiatric medications in ways that are both uncomfortable and inspiring: in other words, in ways that challenge us to change our points of view about what we swallow and why."—Lauren Slater, author of *Prozac Diary*

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Pizza Schmizza in Portland, Oregon, hires homeless people to hold signs that read: "Pizza Schmizza paid me to hold this sign instead of asking for money." For forty minutes of advertising pizza, they get a few bucks, plus soda and, naturally, pizza—all of which amounts to less than minimum wage. According to Andre Johan, the pizza chain's founder, the signs are meant to be funny as well as altruistic: "People don't have to feel guilty [about passing panhandlers without giving them anything] while still appreciating that the person is homeless. It's a gesture of kindness more than anything." (Associated Press, 6/16/03)

Many obese patients are deliberately overeating in order to hit the minimum requirements for weight-loss surgery. Unless they are suffering from a life-threatening condition related to weight, patients have to be at least 100 pounds overweight or have a minimum body mass index of 40. While most insurers cover the operations for those who meet these criteria, they won't pay for medically supervised weight-loss programs for people who don't. (*Wall Street Journal*, 7/8/03)

At least three software companies are developing programs for businesses to utilize "relationship capital"—that is, to wrest value from their employees' personal contacts. These programs, two of which are supposed to go to market by the end of the year, analyze computerized address books, instant-message buddy lists, electronic calendars, and email correspondence; they look for workers who have useful contacts elsewhere, evaluating not only domain names and job titles but also the frequency of communication between the worker and the contact. The aim is to find people who can make personal introductions to, for example, potential customers.

"On the surface, yeah, it's Big Brother looking over your shoulder," says Stan Wasserman, a University of Illinois professor and expert in social-network analysis who is working with Visible Path on its Relationship Mining Engine. But Mr. Wasserman and other software consultants say that the programs contain safeguards for employees to retain control of their contact relationships—including the option of ignoring the request to make an introduction. None of them said anything about letting employees opt out of the program altogether. (*Wall Street Journal*, 8/4/03)

Anal-yzing Car Consumption

Here's a road-trip game that won't exactly change the world but will at least give you a laugh at SUV drivers' expense. Take almost any SUV model (the Ford Explorer, for instance), add "Anal" to the title, and—presto!—you have the Anal Explorer, or the Anal Rodeo, or whatever. There's something about SUVs that makes them more conducive to this semiotic game of revenge than cars (the Anal Civic doesn't really work, nor does the Anal Camry). That's because most SUV names are all about dominance and penetration: of nature, puny cars, or pedestrians. If SUVs are the tops of the vehicular world, then I guess that makes the rest of us bottoms, and if you've ever had an Anal Blazer on your ass, then you know what I'm talking about.

Top 10 SUVs

The Anal Navigator
The Anal Explorer
The Anal Excursion
The Anal Pathfinder
The Anal Blazer
The Anal Expedition
The Anal Trooper
The Anal Rodeo
The Anal Wrangler
The Anal Charger

On a recent road trip across the U.S., I noticed the same dynamic happening with RVs, which (with their gas guzzling, massive size, and dangerous road behaviors) are exponentially more obnoxious than SUVs. And eight times out of ten, during the summer you'll find an RV hauling an SUV, which means you might see an Anal Wrangler mounted behind an Anal Prowler.

Top 5 RVs

The Anal Vacationer
The Anal Executive
The Anal Prowler
The Anal Jamboree
The Anal Revolution

—*Kembrew McLeod*

In some poor parts of Brazil, local politicians finance tubal ligations for women in exchange for their votes. Among other petty bribes and favors, tube-tying is a reliable vote getter, as many women in these areas can't afford a private operation, don't want to deal with the long waits inherent to the public health system, or have husbands who refuse to get vasectomies. (*Wall Street Journal*, 6/13/03)

Anti-Americanism may be reaching new heights, but for McDonald's restaurants around the world, protests are old hat. Activists in more than 50 countries have been targeting the restaurant as a symbol of U.S. excess for over a decade, forcing McDonald's franchises to try a number of marketing tricks:

INDONESIA 2002

Problem: Anger over a U.S. military attack on Afghanistan triggers protests in the world's most populous Muslim nation.
McSpin: Outlets install large photos of an Indonesian franchise owner making the hajj pilgrimage to Mecca. Staff wears religion-inspired clothing on Fridays, while new TV commercials emphasize local ownership.

EGYPT 2001

Problem: Anti-American boycott sparked by U.S. support for Israel.
McSpin: Local outlets introduce the McFalafel, rolled out behind an advertising jingle sung by Shabaan Abdel Rahim, best known for his chart-topping hit "I Hate Israel."

SAUDI ARABIA 2002

Problem: Arab anger at Israel's response to Palestinian uprising triggers boycott of American products.
McSpin: A Ramadan promotion by the Saudi franchise sends thirty cents from every Big Mac sold to the Red Crescent Society and Nasser Hospital in Gaza for treatment of Palestinian casualties.

(*Business 2.0,* December 2002)

FRANCE 1997–2002

Problem: Backlash against U.S. cultural imperialism. When French farmer José Bové attacks a McDonald's outlet in 1999, his compatriots cheer.
McSpin: Franchise launches ads featuring cowboys who boast that McDonald's France refuses to import American beef "to guarantee maximum hygienic conditions." Ronald McDonald takes a backseat to Astérix, the cartoon defender of French independence.

YUGOSLAVIA 1998

Problem: Operating under NATO auspices, the U.S. military begins a bombing campaign against Belgrade.
McSpin: Franchise repositions McDonald's as a symbol of anti-NATO protest. Hands out free burgers at rallies and adds a Serbian nationalist cap to the Golden Arches emblem under the slogan "McDonald's is yours."

Deepak Meditates on Iraq

An article that appeared in Canada's *National Post* on March 11, 2003, included the following blurb: *A Middle Eastern Disney World would ensure lasting peace in Iraq by easing fear and anger among children, according to Deepak Chopra, the popular self-help guru. The idea is one of 10 suggestions Dr. Chopra outlines in an essay that is to appear today in several European newspapers.* > Since the *National Post* neglected to describe Mr. Chopra's other nine ideas in detail, we thought we'd try to guess them ourselves. Though the following ideas may not be identical to Mr. Chopra's, we're sure he'd find them as impressive as his own. —*Jason Torchinsky*

2. It will, as the Benevolent Being knows, take more than the "Magic Carpet Ride" to ease tensions in the Middle East. We need to be mindful of the fact that Iraq is suffering from a severe sense of global victimization. To soothe Iraq's tired collective ego, the vitriol of the world could be turned to a smaller, weaker country that Iraq can join the rest of the world in tormenting. I suggest either Iceland or Andorra.

3. Exposure to other cultures will help ease Iraq's cultural isolation and bring its people closer to enlightenment. Therefore, arrangements will be made for large-scale celebrations of Cinco de Mayo, Oktoberfest, May Day, and Bastille Day with lots of free booze and costumes for everyone. And loving-kindness too.

4. The people of Iraq need some domestic focus for their aggression. To achieve this, peacekeeping troops could issue cell phones specifically designed for in-theater use only. At the same time, UN inspectors could see that Iraqi car owners are reeducated in special centers where they will learn how to drive incredibly slowly, in two lanes simultaneously, and with a turn signal constantly activated.

5. For peace to endure, healing needs to begin at home. Humanitarian aid organizations should work closely with Iraqi families to rename Muslim children with less aggressive, more compassionate-sounding names. "Mohammed" and "Mustafa" could be changed to "Rusty" and "Dakota."

6. The countries of the world should just let them win the next Olympics, in 2004.

7. In a gesture of faith and solidarity, General Motors should transfer production of the Chevrolet Camaro to factories in Iraq so that the people will have a truly bitchin' ride to call their own.

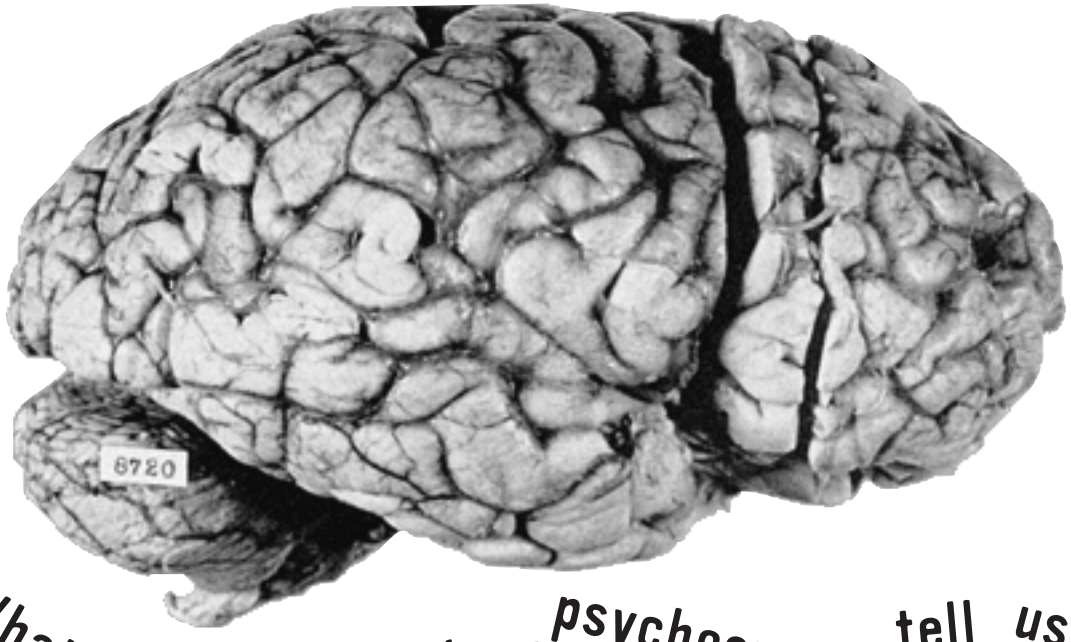
8. In order to prevent future attacks on Iraq and to heal the country's spiritual malaise, Iraq will become the World's Pound and all newborn puppies and kittens will be immediately ferried to large, well-maintained compounds in Iraq. All children desiring puppies or kittens will then happily journey to Iraq, the land of puppies and kittens.

9. To improve the self-images of millions of Iraqi women, armies of highly trained cosmetologists will be dispatched to provide free, comprehensive makeovers. Designers such as Versace and Donna Karan should volunteer to provide Iraqi women with tighter, sexier clothing to replace the billowy, tentlike fashions they currently endure.

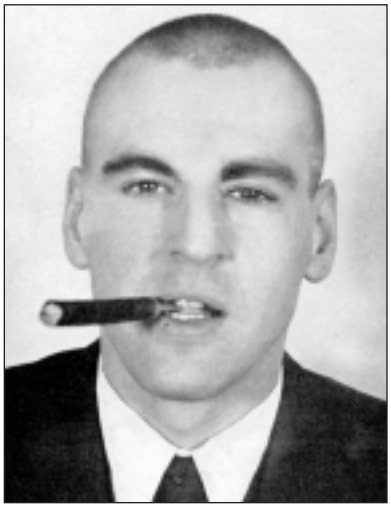
10. Every Iraqi citizen's smoothie intake will be increased by over 500 percent until they are all so healthy, happy, and full of balancing electrolytes, they can't even sit down long enough to think about terrorizing anything.

For more of Deepak Chopra's insights, visit www.chopra.com.

BETTER LIVING THROUGH LOBOTOMY



What can the history of psychosurgery tell us about



In the mid-1930s, the eminent Portuguese neurologist Egas Moniz, nearing the end of his career, was anxious to secure his reputation in the annals of science. He attended a medical symposium where a researcher reported marked behavioral changes in two chimpanzees after he had removed the frontal lobes of their brains; Moniz decided to try something similar in humans. His first operations (performed by a colleague, because Moniz suffered from crippling gout) consisted of injecting alcohol into several holes in the patients' skulls. He soon moved on to cutting brain tissue by inserting an instrument comparable to a long, thin apple corer into the skull and twisting it around. As modified over the next fifteen years by other physicians, this procedure became one of the most widely prescribed treatments for serious mental illness: lobotomy. For this contribution to medicine, Moniz won the Nobel Prize in 1949.

Of course, lobotomy now seems like a medically sanctioned form of torture. The main theory behind it was that anxiety and agitation could be quelled by severing the emotional center of the brain from the part that controls intellect, but the evidence to support this idea was meager. The person performing the surgery usually couldn't even see what he was cutting, and doctors considered patients "cured" after minimal follow-up. Yet, as Elliot S. Valenstein points out in *Great and Desperate Cures: The Rise and Decline of Psychosurgery and Other Radical Treatments for Mental Illness* (Basic Books, 1986), "Even a surgeon who was convinced that he was not obtaining good results seldom gave up lobotomy. It was difficult to admit that the effort had been completely wasted, especially when other surgeons were reporting success. Rather than abandoning psychosurgery, neurosurgeons much more commonly introduced some change in the operation in the hope of increasing the success rate."

Though now out of print, Valenstein's book provides the best history of the lobotomy's heyday, in the 1940s and '50s, a story that is not a medical aberration but rather a cautionary tale. "The factors that fostered [the operations'] development and made them flourish," writes Valenstein, "are still active today." Valenstein, professor emeritus of psychology at the University of Michigan, took time from his Fourth of July holiday to speak at length to *Stay Free!* —*Allison Xantha Miller*

medicine today?

At first lobotomy was considered for almost any kind of disorder.

Electroconvulsive (electroshock) therapy (ECT):
In electroshock, a series of electric pulses delivered to the brain causes a seizure. Today ECT is used most often to treat major depression after drugs have failed. Scientists think it works by altering electrochemical processes in the brain. ECT is controversial due to side effects that include memory loss and, some argue, brain damage.

Fever treatment:
Introduced in 1917 by injecting malaria into patients whom syphilis had turned insane. Surprisingly effective, the treatment was widely used before the rise of penicillin and antibiotics.

Insulin coma:
In 1933 Manfred Sakel mistakenly gave a diabetic mental patient too much insulin, which put her into a coma. After he revived the patient, her psychological symptoms had improved, and the first form of shock treatment was born.

Metrazol shock therapy:
Introduced in 1934 as a safer, easier alternative to insulin therapy. An injection of Metrazol induced an epileptic seizure.

STAY FREE!: It seems that in the 1930s, when Egas Moniz was doing the first lobotomies on humans, treating mental illness was urgent for some reason. The new "somatic" treatments—not only lobotomy but insulin comas and electroshock treatments [see sidebar]—weren't just a way to help individuals, they were seen as something that could help solve a great social crisis.

VALENSTEIN: Well, there was a social crisis, you're right. Mental institutions, particularly state institutions and large governmental institutions in all countries, were becoming more and more overcrowded because there weren't any treatments for serious mental illness. They would try anything that held out hope and wasn't very costly. Mostly it was somatic treatments, which people grasped at as a way of getting patients to a point where they could go home. Governments were concerned about the rising costs of taking care of the mentally ill, making legislators and the superintendents of institutions very receptive to anyone who claimed that insulin treatment, electroconvulsive shock, or fever treatment would cure schizophrenia. These somatic treatments tended to be much less costly and less labor intensive [than psychoanalysis].

STAY FREE!: Why were so many people in mental hospitals?

VALENSTEIN: Lots of people were mentally ill, just as there are many today. But now they tend to be treated with drugs and outpatient care. If all of these people were institutionalized, we would have the same kind of problem. Also, there were some patients who were committed more for the convenience of the husband or the family—wives who became mentally ill and troublesome. But I think mainly it was that there's always a baseline number of mentally ill, and they kept accumulating in institutions.

STAY FREE!: Were the people who were lobotomized poor?

VALENSTEIN: Probably in most cases they were, but they weren't all poor by any means. Private sanatoria, where lobotomies were also performed, catered to people who had money. It's well known that President Kennedy's sister Rosemary was mentally retarded and became difficult to control when she reached her twenties. Joseph Kennedy, the father, got the best medical advice he could at the time from people at Massachusetts General Hospital, one of the most prestigious places, and his daughter was lobotomized. It wasn't a very good outcome, and to this day she's living in an institution.

STAY FREE!: I guess lobotomy would have been hard to avoid if you were in psychiatry in the late '40s and '50s and you worked in a state hospital.

VALENSTEIN: That's certainly true. People talked about psychoanalysis—ego and superego and ids and repressed early experiences. But using that for treatment, particularly in state hospitals, was totally impractical, even if one judged that it could be effective. Most people today would think that for seriously ill people, psychoanalysis probably couldn't help very much. Freud himself didn't think psychoanalysis was appropriate for people with schizophrenia.

STAY FREE!: So lobotomy was used to treat schizophrenia and affective disorders [mood problems such as depression, mania, and bipolarity].

VALENSTEIN: At first it was considered for almost any kind of disorder. After a while, it was limited to people with affective disorders, people with obsessive-compulsive disorders. Very deteriorated schizophrenics did receive the operation when it began to be performed on a huge scale [in the 1940s]. In the literature, one can sense a feeling that the best results occurred with patients who had depressive affective disorders, were manic or obsessive in a way that prevented them from going on with their life.

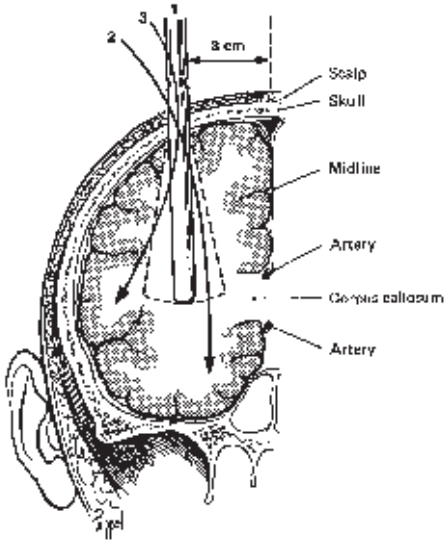
STAY FREE!: Maybe it was the first time any treatment could actually produce a change in their personality and their behavior.

VALENSTEIN: Yeah, probably that's true. There are records from state hospitals that have come out since I've written the book which say that "We've tried one lobotomy on a patient and tried electroconvulsive shock, and they're still unmanageable. We ought to consider doing a second lobotomy." It was very common to do a second procedure if the first one didn't work or didn't calm a patient down.

MORE THAN ONE WAY TO SKIN A CAT

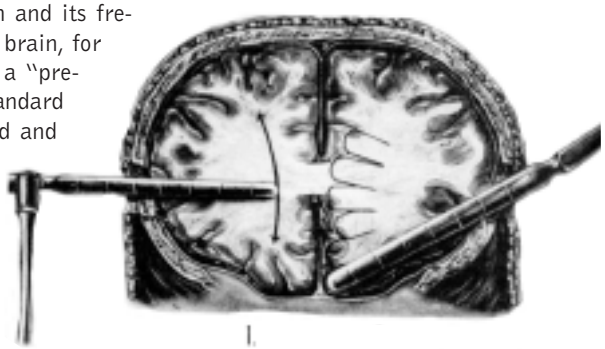
How did doctors perform lobotomies? Where did they cut, and with what? Elliot Valenstein describes several types of lobotomies in *Great and Desperate Cures*. Here are some of the most significant procedures. by Allison Xantha Miller

Prefrontal leucotomy, a.k.a. core operation (1935)
After experimenting with cadavers, the Portuguese neurologist Egas Moniz had his partner and former student Almeida Lima drill holes in the top of a patient's skull and inject alcohol into the frontal lobe. Beginning with their eighth patient, Moniz used a specially made instrument called a leucotome, from the Greek *leuco* (white matter) and *tome* (knife). Lima poked it into the brain to the desired depth, then activated a retractable wire loop and twisted the instrument so that a "core" was cut. At first Moniz had two holes drilled into both sides of the top of the head. When the results were less than satisfactory, he gradually increased the number of holes to six on each side. The leucotome had an unfortunate tendency to break off in the patient's brain, a problem that bedeviled later surgeons.



Open lobotomy (1937)
The surgeon drilled holes into the top of the skull as usual, but also shone a light inside and used a speculum to expose the brain, which he then cut with a scalpel. The advantage was that neurosurgeons could actually see what they were cutting and avoid major blood vessels, thereby decreasing the risk that the patient would bleed to death. Yet it was in many respects the same crude procedure as the core operation. In 1943, J.L. Poppen modified the technique by inserting a suction tube to remove more brain tissue.

Standard lobotomy (1939)
Dissatisfied with the imprecision of the core operation and its frequent complications (the leucotome breaking off in the brain, for instance), Walter Freeman and James Watts designed a "precision operation" later known as the Freeman-Watts standard lobotomy. They drilled a hole on each side of the head and stuck an instrument in each hole to clear a path for a thin spatula. They then then pulled the spatula upward so that the blade was pushed downward inside the brain. The spatula was removed, the area rinsed, and the spatula reinserted but pushed downward this time so that the upper area of the brain was



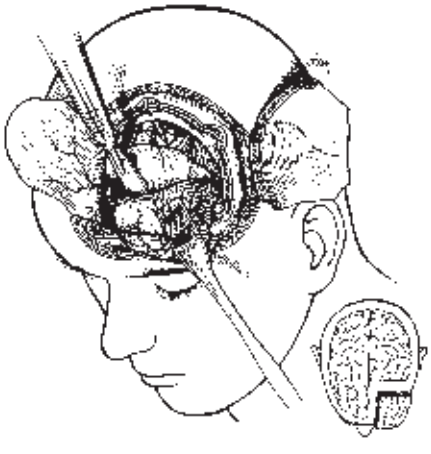
►

cut. Freeman and Watts found that a successful lobotomy usually produced "drowsiness and disorientation," writes Valenstein, so "whenever possible, they operated under local anesthesia, talking to the patient, asking questions, and getting the patient to perform tasks such as singing or subtracting sevens from one hundred. . . . If they observed no signs of drowsiness and disorientation, they often destroyed a larger area."

Transorbital lobotomy (1946)
Walter Freeman adapted transorbital lobotomy as a simpler operation. It required neither a neurosurgeon, an anesthesiologist, nor extensive postoperative care. It was thus perfectly suited for state hospitals, where resources were increasingly scarce. Freeman used electroshock to induce unconsciousness. Instead of drilling into the side of the skull, he got into the brain through the eye socket using a stylus modeled after an ice pick. Then, as he wrote to his son, he made "the lateral cut by swinging the thing from side to side." The whole procedure could be completed in ten minutes.

Left top: Transorbital lobotomy patient with two orbiclasts in place. Left below: Once the orbiclasts were removed, the patient's blood was injected into her brain to destroy brain tissue in regions where the orbiclast couldn't reach.

Prefrontal lobectomy (1948)
Some neurosurgeons took another tack and made lobotomy *more* complicated by removing a significant chunk of the frontal lobe. A team at the University of Minnesota believed that lobectomy offered a number of advantages: Because the surgeons actually opened the skull, they could clearly see the brain tissue and blood vessels. They also could be sure they were inflicting enough brain damage so as not to require a second lobotomy: "If the expected result does not follow," they wrote, "one is not in doubt about the extent of the operation."



STAY FREE!: How would they adapt the procedure to do it a second time? I mean, presumably they've cut the thing already.

VALENSTEIN: Yeah, but, for example, [Walter Freeman and his partner, neurosurgeon James Watts] had kind of a standard procedure and a more radical procedure. The more radical meant that they essentially cut more; they disrupted more of the connections to the frontal lobes. The literature is *filled* with people who have had two and even three lobotomies.

STAY FREE!: Did you ever meet anyone who had had a lobotomy?

VALENSTEIN: Oh, yes. Quite a few. They vary tremendously. Some, you would not suspect that there was anything especially wrong with them. They may have seemed a little shallow, but you might not even be struck by that. There were people who went back to work and held responsible jobs after lobotomies, and others who essentially became vegetables. Some became very impulsive and childish in their behavior. The operations were so crude. Different parts of the brain were damaged, and the outcomes varied widely.

STAY FREE!: Walter Freeman's transorbital lobotomy did not even require a surgeon or anesthesia. You wrote that Freeman, after electroshocking the patient into unconsciousness, used a surgical ice pick to enter the brain through the eye socket and moved the ice pick from side to side. He performed these operations in nonmedical settings such as his office, and in one case, a motel room. Was this invention a popular procedure?

VALENSTEIN: Oh, yes. Freeman spent his summers traveling in order to teach it. Walter Freeman had quite a reputation in the medical field. He was on a lot of boards that were setting up the credentialing of psychiatrists and neurologists. And he was a very charismatic teacher. He had a lot of former students who became hospital superintendents and were only too willing to have their former professor come by and demonstrate a new technique. Freeman would train psychiatrists on cadavers and watch them perform a few procedures, all within a day and a half. And in the month or two following his departure, they would perform twenty or thirty such procedures and write them up in the state medical journals. This went on all over the country.

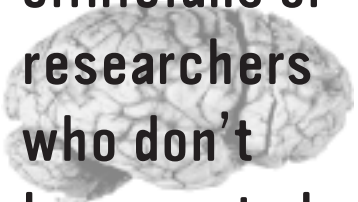
STAY FREE!: Walter Freeman is kind of the villain of *Great and Desperate Cures*, if there is one.

VALENSTEIN: Well, I try to describe him in a more complicated way. First of all, he was a very smart man. He knew the literature very well, he knew a lot of anatomy, and he had a rationale for lobotomy, which made some kind of sense in terms of what specific nerve tracts he thought should be cut. He was very concerned about his patients and he followed them up in a very conscientious way, out of his own pocket. I tried to describe him in terms of the conditions that existed at the time, and his belief that these patients were going to deteriorate, for which there was some justification because the state hospitals were very unhealthy. He did have cases in which people were able to be discharged after operations and went home to their families. Some held jobs, a few even held responsible jobs. So he was convinced that he was helping to clear out the state hospitals and really believed he was doing a good thing. I talked at length to one of Walter Freeman's sons, Walter Freeman III, because I knew his father had written an unpublished autobiography. He was a little reluctant to share it at first. After my book came out, he sent me a letter, and I was really concerned about his reaction to the book, but he paid me the nicest compliment. He said he went out after reading the book and bought five copies to give to his children so they would know something about their grandfather. So I felt that I had not described him simply as a villain. I think to do that tends to trivialize the whole story—saying there's an evil man out there or a group of men and they did evil things, viewing it only in that context of abnormality. It was *not* an abnormality. It was something that was praised. You know, the Nobel Prize was given to the Portuguese neurologist who introduced prefrontal lobotomy, Egas Moniz.

STAY FREE!: It's very touching that Freeman sent Christmas cards to all his lobotomy patients.

VALENSTEIN: That's right. He mailed thousands of them and made great efforts to follow up with his patients.

It's hard to find *any* clinicians or researchers who don't have vested interests in procedures or drugs.



STAY FREE!: He seemed to be very media savvy, judging by both what he was publishing in the medical journals and in how he dealt with the popular press.

VALENSTEIN: There's no question that he liked publicity. Practically every time he went to a meeting, he packed the audience with reporters he knew, and it was written up in *Time* magazine, *The New York Times*, or *Life*. Media coverage played a huge role in popularizing the lobotomy. When Freeman went around to the state hospitals in little rural areas, the local newspaper would make his visit the lead article. And the superintendents of these places encouraged that because it made them look good: here they are out in the boondocks and a famous doctor has visited them.

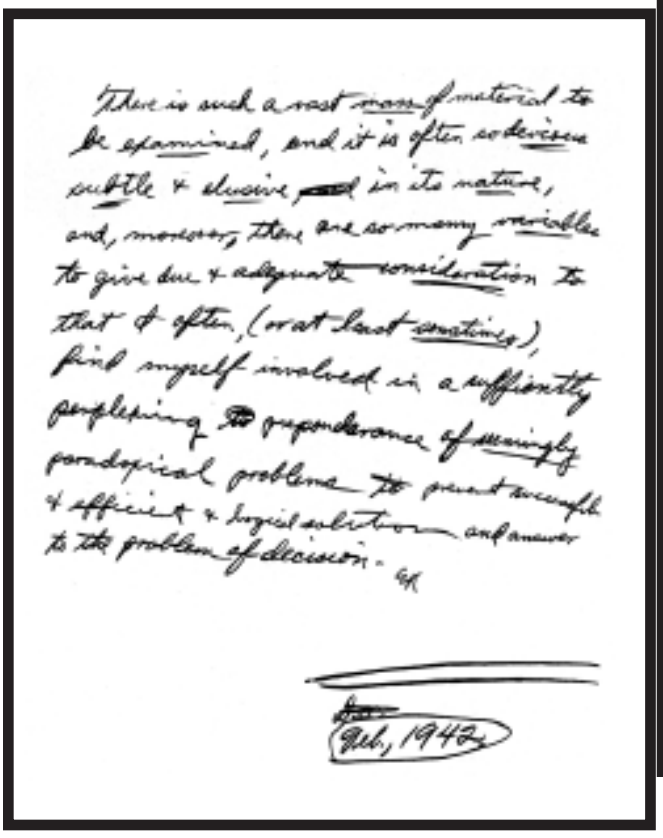
STAY FREE!: Did Freeman ever contact the local newspaper before he got there?

VALENSTEIN: He probably suggested it at times, but the superintendents would be only too happy to do it on their own. It not only gave them publicity, it had practical implications. You could take that to the state legislature and show them how up-to-date your hospital was and how you needed more funding and things of that sort. But these articles in the popular media just generated a demand for the procedure.

STAY FREE!: Was the medical media establishment as big as it is now? We see news stories every night about some breakthrough.

VALENSTEIN: I'd hesitate to make a comparison, but everyone in those days—I can remember having lived through them—got *Time* magazine or sat in a barber chair and looked through *Life* magazine. There were three or four large articles on lobotomy in

ACTUAL DIARY ENTRIES OF A LOBOTOMY PATIENT


There is such a vast mass of material to be examined, and it is often so devious subtle & elusive in its nature, and, moreover, there are so many variables to give due & adequate consideration to that I often, (or at least sometimes), find myself involved in a sufficiently perplexing preponderance of seemingly paradoxical problems to permit a simple & efficient & logical solution and answer to the problem of decision.
Feb, 1942

BEFORE LOBOTOMY

I was sleeping along just swell, all, — then, LO & BEHOLD, of a SON OF BiTCHiNG American laundry boy doesn't wake me up by almost jarring the whole house down with his GOD DAMNED. BANGING that BASTARD!!
Kill that SHIT!!!!!!
why! O WHY! DID HE DO it!!

AFTER LOBOTOMY

the *Saturday Evening Post* or *Life*, all suggesting that people who were hopeless could be cured. There wasn't television, so we didn't get bombarded the way we are today, but I think almost everyone browsed through those magazines. These state asylums were also being covered in all kinds of articles and books about how horrible they were. *Life* actually compared them—unjustifiably—to concentration camps. Right after the end of the war, when all the pictures of all the camps were being revealed, *Life* ran pictures of mental patients, nude, sitting on concrete steps in big halls and rooms that just reeked of excrement.

STAY FREE!: Why did lobotomy go into decline?

VALENSTEIN: It started in the middle to late '50s, at the time of the introduction of neuroleptic drugs—Thorazine and some of the antidepressants. There was a whole group of them that came out in the late 1950s. They were often given in massive doses, and they seemed to be producing the same kind of effects as a lobotomy. If you've seen anybody on drugs like Thorazine, their face is expressionless and the saliva's dripping out of the corner of their mouth. People referred to Thorazine as a chemical lobotomy, and it was much more convenient than performing surgery. It was more cost-efficient because it didn't require a neurosurgeon and it didn't require intensive postoperative care. So it very quickly replaced the operations.

STAY FREE!: And the popular media didn't play a role in that?

VALENSTEIN: No, not really. It was just that within the institutions themselves there was a switch. People just sort of forgot about lobotomy when the physicians began to use drugs.

STAY FREE!: Was there also a social or political backlash against the procedure, kind of what you see going on today against the "talking cure"?

VALENSTEIN: No, there wasn't, for several reasons. The custom of attacking medicine and even suing for malpractice didn't exist at that time, or was almost nonexistent. Doctors were rarely questioned about anything they tried, and institutionalized patients were completely at the disposal of the staff in terms of treatment. And it was almost considered unethical for physicians to criticize other physicians, which certainly isn't the case now. So there was a surprisingly little amount of criticism of lobotomy. There were certainly psychiatrists who didn't like the procedure at all and were critical among themselves. But in terms of public statements and articles in medical journals, criticism was scarce until the end of the heyday of lobotomy. The backlash against lobotomy actually came up in the '70s, when there was a fear of a revival of the operation and people began to talk about the horrible things that happened during the lobotomy period.

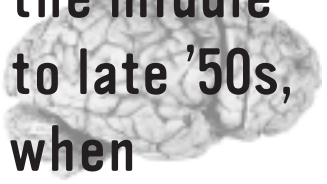
STAY FREE!: What brought on the backlash? How did that come about?

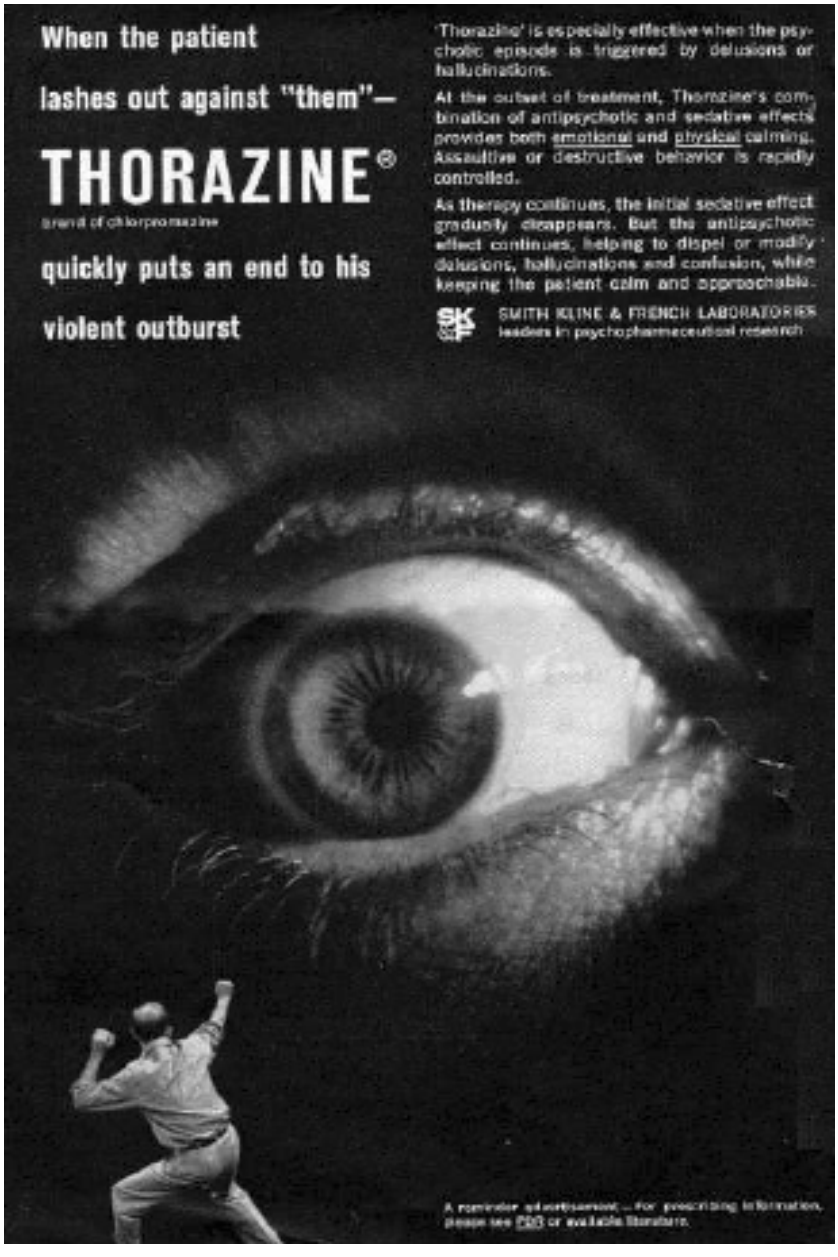
VALENSTEIN: Well, there were some scientists who argued that, since we now know a lot more about the brain, psychosurgery should be revisited. This was at a time when there was a lot of public concern about violence in the streets. Two doctors, Frank Ervin and Vernon Mark, had published a book called *Violence and the Brain*, which argued that brain abnormalities can cause violence. Word got out that the Department of Justice, which maintains federal prisons and special prisons for violent inmates, had some exchanges with the authors. There was a lot of suspicion that the Department of Justice was going to perform massive psychosurgical procedures on violent prisoners as a means of social control. So it became a big issue in some circles. I was at some neuroscience meetings that discussed the biology of aggression, and people came in and broke up the meeting and demanded time on the program.

STAY FREE!: Was there any truth to the rumors that lobotomy was being performed in prisons?

VALENSTEIN: Well, I did some investigation, and there were suspicious things happening in one prison in California. When I wrote, the warden was very open and sent me material. It turned out that there were a few operations performed on prisoners—people who had seizures and behavior abnormalities associated with the seizures, and the operations were really done in part at least to ameliorate the number of seizures, which is not uncommon. But these people also had violent

Lobotomy started to decline in the middle to late '50s, when neuroleptic drugs were introduced.

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violent outburst
'Thorazine' is especially effective when the psychotic episode is triggered by delusions or hallucinations.
At the outset of treatment, Thorazine's combination of antipsychotic and sedative effects provides both emotional and physical calming. Assaultive or destructive behavior is rapidly controlled.
As therapy continues, the initial sedative effect gradually disappears. But the antipsychotic effect continues, helping to dispel or modify delusions, hallucinations and confusion, while keeping the patient calm and approachable.
SK&F
SMITH KLINE & FRENCH LABORATORIES
leaders in psychopharmaceutical research
A reminder advertisement... for prescribing information, please see PDR or available literature.

State mental hospitals were quick to embrace psychosurgery and, later, drugs like Thorazine that promised a "chemical lobotomy." Such treatments allowed hospitals to cut the costs involved in caring for patients. This 1962 ad is from the American Gallery of Psychiatric Art.

outbursts sometimes associated with the seizures. In general, that's sort of a fuzzy borderline between psychosurgery and neurological surgery. Still, I think the reports of what went on there were grossly exaggerated. But there was this fear that there was going to be a revival of interest in lobotomy, and it became a political and a civil rights issue because of the prevalence of minority groups in prison. I became interested in the topic because in *Brain Control* [published in 1973] I had talked a little bit about how certain neurosurgical procedures were a result of misinterpreting animal experiments.

STAY FREE!: How did the people you were writing about respond to your work?

VALENSTEIN: All the people I talked to were quite open. Occasionally when I would talk at meetings, a surgeon would stand up and say, "You don't understand what was going on; we really helped all of those people," clearly being very defensive. But I talked to people who not only had performed some of the procedures but had attempted to study what was going on and had a broader perspective than, say, a clinician who had just performed the operations. Many of the people I saw, even though they themselves had participated in it, recognized that the exuberance that took place just went out of control.

STAY FREE!: What are the parallels between the lobotomy period and what's going on today? There's a lot of enthusiasm for what used to be called somatic treatment, going after mental disease as a physical set of symptoms. You wrote about this in your latest book, *Blaming the Brain*.

VALENSTEIN: The influence of the pharmaceutical companies is so great these days because of the resources they have at their disposal. There are tremendous economic factors distorting the practice of medicine, just as there were in the lobotomy period. It is hard to find *any* clinicians or researchers who don't have vested interests in the development of procedures or drugs. I mean that. Of course, they will deny that funding from drug companies has an influence, but it is so subtle that they're unaware of it themselves. Studies have shown that if you look at reports on drugs that are competing to treat the same patient population, and if you look at the connection that the people doing the studies have with the companies involved, the results that they find—not only the opinions they express but the actual data—clearly reflect their own vested interest. I don't think people really lie, but it happens in very subtle ways, like disqualifying patients because they are ill with something else. Those same patients would not be omitted if their outcome supported the conclusions the researcher wanted. And there are professional interests as well: psychiatrists have to compete with social workers, clinical psychologists, counselors of all sorts. Most people who seek help for a mental problem do not go to a psychiatrist. So there's a strong economic reason why psychiatrists are very supportive of drugs: protecting their own turf. That's not the only reason, but it certainly has an influence. ■

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For this issue of *Stay Free!*, we are greatly indebted to Ivan Drucker, who managed to recover Carrie's harddrive data after Apple's own technicians couldn't. If you need help with any Mac problem, we highly recommend this brilliant, affable fellow.

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BACK ISSUES

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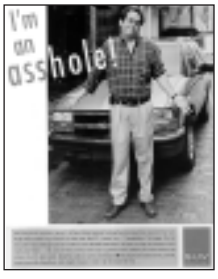

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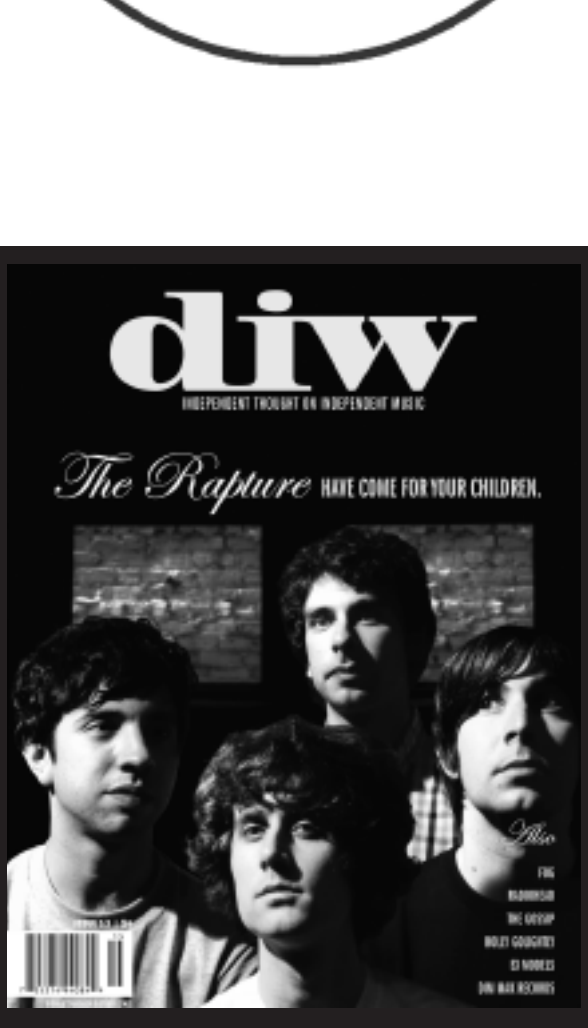

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feature > by Ana Marie Cox

I AM NEVER LONELY

A brief history of employee personality testing

The summer between my freshman and sophomore years in college, I spent twenty hours a week in a small, gray-paneled cubicle calling up strangers and asking them, "Do you approve or disapprove of the job George Bush is doing as president?"

Hey, I was getting paid. It was shortly after the first Gulf War, and the responses to this question were depressingly positive. Still, I liked my job. I was working for Gallup Polls; it had name recognition, the pay was good, and the work itself (which also included conducting customer-satisfaction surveys and marketing research) was interesting. So, despite my distaste for the answers I was getting to the approval-rating poll, I worked hard, was productive, and even occasionally participated in quasi-humiliating "team-building exercises." I was a model employee.

Gallup knew it would be so. They had given me a personality test, after all. Indeed, after I was recommended to them by a friend who already worked at Gallup, the personality test was the only hurdle I faced. I don't really remember much of it—as with most personality tests, there weren't questions, just statements that I had to "strongly disagree," "disagree," "agree," or "strongly agree" with. I assume I passed—whatever that means.

I am known to be highly effective at work:*

SA A N D SD

I enjoy making decisions when all the information is not available:

SA A N D SD

It's difficult to date the origin of personality testing. Who knows, perhaps the earliest personality test was administered when a Cro-Magnon cave-painter first uttered the words, "So, what does it look like to you?" But personality testing as a term of employment has a very specific history. Fredrick Taylor's *Principles of Scientific Management,* published in 1911, popularized the notion that employee skills are quantifiable. Taylor's time-and-motion studies sought to determine, for example, "How many times a minute should [a secretary] be able to open and close a file drawer?" (Answer: "Exactly 25 times.")

This pseudoscientific mindset hit the boardroom with *Psychology and Industrial Efficiency,* which was published in 1913 by Harvard University professor Hugo Munsterberg. Munsterberg asked executives which personal characteristics are desirable in an employee and used the results to develop screening techniques. Other researchers joined the game, creating employee-rating methods and other character assessment systems. This first boom in personality testing reached its apogee with Henry C. Link's *Employment Psychology,* in 1919, in which he proclaimed:

The ideal employment method is undoubtedly an immense machine which would receive applicants of all kinds at one end, automatically sort, interview, and record them, and finally turn them out at the other end nicely labeled with the job which they are to do.

But in order for personality testing to work, there needed to be proven connections between particular personality traits and job success, correlations that turned out to be elusive. As a result, personality testing faded after World War I.

Personality testing's second flowering was planted with a more fertile metaphor: Jungian "archetypes." In the early 1940s, Katherine C. Briggs and Isabel Myers developed the Meyers-Briggs Type-Indicator using their own interpretation of Jung's archetypes. The test was used to help employers screen female applicants for factory jobs.

How sorting women into such Jungian dichotomies as "sensate or intuitive" would improve their welding skills is anyone's guess, but Myers's and Briggs's invention harmonized well with the emerging corporate culture of the 1940s and '50s. Mass testing was handy for companies now facing vast applicant pools. Some of the tests they used were designed especially for job screening, but others, with more absurd results, were lifted wholesale from tests originally intended for diagnosing mental illness. One of the latter, the Minnesota Multiphasic Personality Inventory (MMPI), presented would-be executives with such true-or-false head-scratchers as "I have no difficulty starting or holding my bowel movement."

But perhaps the MMPI was appropriate for the paranoid culture of the time; by one testing firm's scale, fully 75 percent of the population was deemed too "neurotic" to be employable. Applicants were often quizzed about social or cultural knowledge—it was considered a warning sign if one read *The New Republic*.

Unlike its previous, Taylorite boom, personality testing post–WWII was primarily used to identify "executive material." Though testing had long been professionalized, many firms, including IBM, developed their own tests, which put forth a seemingly random list of topics and pastimes for applicants to rate on a scale of "like" to "dislike." As reviewed by Martin L. Gross in *The Brain Watchers,* the ideal IBM exec would like "hunting, snakes, and rough-house initiations" and dislike "long walks, art galleries, and tennis;" and, of course, couldn't care less about "people with gold teeth, people who talk loudly, or progressive people, let alone socialists."

I find it hard to "party" with people I don't know well.

SA A N D SD

Personality testing drifted back down the employment ladder in the 1960s, when employers gave versions of Myers-Briggs or other tests to everyone from accountants to policemen. But the revolution hit a stumbling block in the form of a 1971 Supreme Court decision. In *Griggs v. Duke Power*, the court ruled that the Civil Rights Act of 1964 made certain forms of employee testing unconstitutional, particularly when the tests "limit, segregate, or classify employees to deprive them of employment opportunities or adversely to affect their status because of race, color, religion, sex, or national origin." A small industry sprang up to demonstrate the biases of personality tests, which wasn't difficult, given that many of tests had been developed with "control" groups made up of psychology students, friends of psychology students, and family members of psychology students: not a very representative sample.

Many of the more esoteric forms of personality testing disappeared from widespread use in this housecleaning, including the Rosenzweig Picture-Frustration Study (prominently featured in *A Clockwork Orange*); it asked test-takers to look at a cartoon of one person saying something provocative to another person. The subject then supplies the second person's hypothetical response.

But the bias cottage industry could hardly compete with the eager professional test developers who emerged to take advantage of the loophole left by the *Griggs* decision: namely, that the Civil Rights Act *did* allow "the use of any professionally developed ability test, provided that it is not designed, intended, or used to discriminate." If anything, court rulings and government statutes since *Griggs* have made the growth of psychological testing inevitable. A court decision that outlawed pre-employment polygraph tests, for example, pushed employers to

*** Test questions taken from *How to Ace the Corporate Personality Test*, by Edward Hoffman (McGraw-Hill, 2000). Question one measures "Conscientiousness." Question two: "Entrepreneurialism." Question three: "Extraversion." Question four: "Integrity." Question five: "Stress Tolerance." Question six is a "lie detector" question; answering that you have, indeed, never felt lonely will alert the test administrator that all your answers could be deceptions.**

It is human nature to be at least a little dishonest:

SA A N D SD

replace them with "pen and paper polygraph tests," or personality tests meant to measure reliability and honesty.

Within the testing industry, estimates of how many companies now use some form of "employee assessment testing" are as high as 90 percent; a more conservative estimate puts the specific use of personality testing at around 60 percent. While testing is more common today than it was post-WWII, companies seem to expect less from it. It's less a tool to identify a rising star than it is a filter to prevent potential workplace Columbines—or, even more modestly, copy-machine pornographers and pen thieves.

I feel tense when thinking about my work in the future:

SA A N D SD

The problem with most tests today is not that they are biased. In fact, the most recent court decisions ruling against personality testing have done so based on issues of privacy, not preference. That bowel movement question had been around for fifty years; it took some Target-store applicants to actually get upset enough to sue over it. They settled for $1 million.

But privacy seems a little beside the point. Tests have been vetted, reformed, and flattened so much that they read less like the entertaining William Burroughs–like monologue of the original MMPI than like the bland reassurances of corporate motivational posters: "It is important for me to feel productive at work" or "I keep my workplace tidy and neat." And when they aren't transcripts of a Successories brainstorming session, the tests are quite obviously meant to bait psychos and expose closet embezzlers: "I have sometimes felt enraged at work by something stupid a supervisor did." "Employees who take home minor supplies are not really stealing." Or they're aiming to root out flagrant liars, those who agree that "I have never raised my voice in anger."

Though there is wide agreement that *Griggs* overturned the use of intelligence testing, would you really hire anyone stupid enough to respond incorrectly to these statements?

And this brings us to the real problem with these tests: they don't measure personality at all. They're not really designed to. They measure a particular kind of "social acceptability," some sort of bare-minimum level of people skills—lying on the tests is not only necessary but almost inevitable if you have any sense at all. I suppose this is fine with test administrators and future employers. They don't care who you really are, after all, they only care who you act like. Besides, people who score poorly on tests of acceptability are not likely to be happy working at the kind of place that requires them.

Many of us rebel at the idea of personality testing because it seems creepy: very Orwell, very Huxley. But for the employer, the benefit of personality testing is not some fantasy of Soma-ed cubicle drones. He couldn't care less if you, in your heart, actually do think stealing minor supplies is okay or even if you sometimes find it hard to party with people you don't know well—not as long as you carry on with your job *as though* you were a Soma-ed cubicle drone. And as long as you don't actually steal office supplies—too many of them, at least.

Employers use today's personality tests because, in our dismal economy, one job opening can unleash a flood of 500 résumés. They use personality tests because they are a faster, cheaper way of determining who they will risk their next hire on. An employer can direct a prospective job-seeker to a third-party website for a fifteen-minute test (rather than an hour long interview) at a cost of less than thirty dollars. Compare that to the cost of a bad hire: according to a recent management article, firing someone can cost a company—in hours lost to retraining and hiring again—up to five times the salary of his or her position. And should the dismissal go badly, a lawsuit from a disgruntled employee can cost millions.

So personality tests aren't really about you: they're about money. If you lie on a personality test to get a job, it means that you understand that a job, a salary, is worth submerging your own self for.

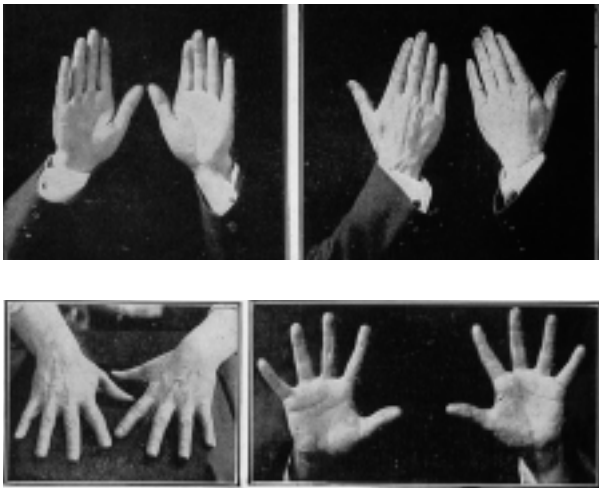
I have never felt lonely:

SA A N D SD

Here is where I admit to you that I lied to get that job at Gallup. That's the one thing I really remember about the test: I was very consciously trying to figure out the answers they wanted and then giving them. I told them that I "strongly disagreed" with the proposition that "If I found a bag of money on the street, I would seriously think about keeping it." I said I "strongly agreed" with the idea that "Life is full of opportunities." ■

TEST MANIA!

The personality tests that have been used over the years may ultimately reveal more about the test creators than about the test takers. Here are some of the craziest. **by Carrie McLaren**



Above: Images from Blackford's *Analyzing Character*. According to Blackford, employers can determine personal qualities such as intelligence, aesthetic sense, and attention to detail from looking at subjects' hands.

WIFE TESTING

In the early 1950s, enthusiasm for personality testing extended to family life. Companies searching for the ideal organization man would sometimes insist on interviewing applicants' wives. In so doing, managers hoped to weed out men whose devotion to their partner might deter loyalty to the company. Moreover, as Vance Packard documented in his book *Hidden Persuaders*, "Important men may not be recommended for higher priced jobs because the wives may be too flirtatious or she may not drink her cocktails too well, or she may be an incorrigible gossip. Investigations in this respect are quite thorough."

DRAW-A-PERSON TEST

Still in limited use today, this test analyzes the subject's drawings for signs of mental imbalance. Drawing a figure in the lower left corner of the page, for example, is said to indicate depression; large eyes represent the subject's suspiciousness; and a large head suggests a preoccupation with one's own intelligence.

CHARACTER ANALYSIS

In 1913, Katherine Blackford, M.D., convinces corporate clients that the best way to determine an employee's personality is by his looks. Blackford's "character analysis" included analyzing handwriting, style of walk, and physical characteristics. According to Blackford, "Always and everywhere, the normal blond has positive, dynamic, driving, aggressive, domineering, impatient, active, quick, hopeful, speculative, changeable, and variety-loving characteristics; while the normal brunet has negative, static, conservative, imitative, submissive, cautious, painstaking, patient, plodding, slow, deliberate, serious, thoughtful, specializing characteristics."

SZONDI TEST

The Szondi test started with the assumption that everyone is a little crazy and proceeded to unearth whichever disorder was the cause. Each test subject was shown photos of people and asked to pick out the person they'd most like to sit next to on a train trip. Little did subjects know that the people they were shown were all "thoroughly disordered"—a homosexual, a sadist, and an epileptic, among others. The "disorder" subjects selected was presumed to indicate their own disposition.

PROZAC NATIONS

How does mental illness differ cross-culturally?

Ever have the nagging feeling that our celebrity-driven, sound bite society is making us into a stupid, cynical, shallow people? Well, look to Oliver James, author of a May 2000 article in *The Ecologist* titled "Consuming Misery: Across the World, the Richer a Nation Gets, the More Unhappy Its People Become." • As a critic of consumer culture, I did a double take when I saw that headline—evidence at last! In his book *Britain on the Couch,* James purports that our way of wealth lowers our levels of serotonin—which he calls the happiness brain chemical—thereby making us depressed. James is far from alone in equating advanced capitalism with mental illness. Here in the United States, a growing movement of therapist-activists battles "affluenza," defined as a debilitating mental state caused by having too much money. While much of the affluenza literature makes a certain kind of sense, all it takes is a cross-cultural perspective to see the problem with arguing that affluence causes depression—namely, it's not true. • All of this is a roundabout way of introducing Lawrence Kirmayer. Dr. Kirmayer is a highly respected cultural psychiatrist at McGill University in Quebec. Unlike the affluenza crowd, Kirmayer has done a great deal of research on the mental health of aboriginal peoples, immigrants, and refugees. He points out that although our capitalist ways may be emotionally hazardous, it's unlikely that we are more depressed than poorer cultures. The only way to know for sure is to study those cultures, and research is generally lacking. • *Stay Free!* talked to Kirmayer by phone in July 2003 about cross-culture mental illness more broadly. We found him to be a very nice man. —*Carrie McLaren*

STAY FREE!: What mental problems are the most similar across cultures?

KIRMAYER: At one pole you have organic disorders that are very similar across cultures, like Alzheimer's disease or epilepsy, and perhaps schizophrenia and bipolar disorder. And at the other end you have what used to be called hysteria—dissociative disorders and so on. That said, there are differences cross-culturally even for something like schizophrenia. For example, people with schizophrenia appear to do better in nonurbanized, nonindustrialized countries.

STAY FREE!: Why is that?

KIRMAYER: It's not really clear, but it's probably in part because urban environments are not good for people vulnerable to schizophrenia.

STAY FREE!: Is that unique to schizophrenia or is that the case for mental illness in general?

KIRMAYER: Well, different illnesses don't respond precisely the same way to environmental and social factors. There are probably distinctive processes that underlie schizophrenia. The impact of noisy environments, for example, has been shown to contribute to relapse. One theory why people with schizophrenia do better in some countries has to do with family support and social integration. Someone who hallucinates is going to have a hard time working in a very technological society, but in a rural agrarian society they may still be able to do something useful for the family and community.

STAY FREE!: Do the symptoms of schizophrenia vary in different cultures?

KIRMAYER: Well, there have been studies that have shown differences in the frequency of various symptoms. For example, symptoms of catatonia—people becoming immobile—are more prevalent in some developing countries than they are in the West. Certain bodily symptoms are also more prevalent in some places. In many parts of the world, people with hallucinations may understand their experience in terms of religious systems—they may see themselves as being possessed, or talking to God. You get that in the West too, but you also have common technological interpretations—they think there is a radio transmitter in their tooth and so on.

STAY FREE!: I've read that TV stations get a lot of phone calls from people with schizophrenia and manic depression telling them to stop broadcasting.

KIRMAYER: Yeah, that's a common symptom of psychosis. People will go through this process of trying to figure out, "What could possibly explain this strange feeling that I'm having?" Most of the explanations sanctioned by medicine are basically that you have a "chemical imbalance" and that is very deflating. In another society, you

might be told that you have had a significant religious experience, and even though you might still need to get some help, there might be something to valorize what's gone on for you. That tradeoff is harder in a very scientistic culture. Of course, even in our culture, where people are very secular and talk about things in scientific terms, there are still a lot of moral ideas about the person and about self-control.

STAY FREE!: People say, "Get over it!"

KIRMAYER: Exactly.

STAY FREE!: If someone has symptoms that we associate with depression in the U.S., how might that problem differ in other cultures?

KIRMAYER: There are two sets of issues. There is the issue of what is actually going on for people and the issue of how they understand it. These issues don't necessarily have to match up perfectly, but they interact. People interpret what's going on differently based on their cultural background. In the case of something like depression, how you interpret symptoms influences how things unfold. If you decide these feelings of exhaustion are a sign of depression, then that diagnosis suggests that you have certain other problems. That becomes part of a feedback loop—your thoughts chase each other in circles, and that in itself can intensify depression. Even though we can distinguish between what goes on physiologically and socially, the two levels interact. Once you understand that, you can find something that looks like depression everywhere in the world. In most places, the physical symptoms are the most important part of depression: fatigue, difficulty concentrating, muscular, and skeletal aches and pains and so on. In Japan, a lot of middle-aged women complain of shoulder pain, which is unusual in North America. The name for it is *futeishuso* which means "nonspecific complaint." Some of those people may actually have depression, but nobody's asked them, "Do you feel sad or low? Do you feel hopeless?"

STAY FREE!: Because there's a stigma attached?

KIRMAYER: Partly, yes, and partly because the notion of depression has not been so salient in Japanese psychiatry. Notions of anxiety disorders have been much more common. Psychiatrists don't see people with anxiety and depression, anyway—doctors of internal medicine deal with those patients. Psychiatrists only deal with the most severe disorders, schizophrenia and so forth. Until about five years ago or so there were no SSRI medications in Japan. Eli Lilly didn't even try to introduce Prozac in Japan initially because they thought there would be no market. Finally another pharmaceutical company did try, and now the idea of depression has taken off.

STAY FREE!: How does the notion that depression is a biological condition affect the course of the illness? Are people in the West better or worse off for it?

KIRMAYER: It depends. There's a Japanese psychiatrist, Yutako Ono, who used to tell people, "Depression is like pneumonia, so you have to take your medicine to make it go away." The implication is that it's not chronic. You can certainly promote an image of a mental disorder that is curable even if it is biological.

STAY FREE!: But here it seems that the biological notion implies permanence.

KIRMAYER: Well, but that kind of determinism is not necessarily tied to biology. In American folk psychology, there are notions of character, which imply that someone is or is not a particular way. In the U.S. over the past few years, there has been a huge swing away from the idea that people are molded by their social environment. Instead, there's the assumption that everything is determined by one's constitution. Sometimes it's rooted in genetics, sometimes something's wrong with the brain. The whole biological turn in psychiatry was really in excess of any specific evidence, but I think that it fits well with conservative politics in the U.S. right now.

STAY FREE!: I've heard that people in more affluent nations are more often treated for mental illnesses like depression than people in nations of low or moderate wealth. So does this mean that there is more mental illness in affluent places or is it just a consequence of poor people not having access to mental health care?

KIRMAYER: I think it's mostly the latter, though in many cases we don't know because there aren't enough epidemiological studies. If you want to make a generalization, then it's probably safe to say that poor countries have more mental-health problems, but by saying "poor" nowadays, you often mean societies where there is a huge level of conflict and violence. So it's not simply poverty—you can have a small, well-integrated rural society where people don't have a lot of material goods but they have excellent mental health.

STAY FREE!: Do people in different cultures commit suicide for different reasons?

KIRMAYER: Yes. Of course, the overriding reason, which is common across cultures, is overwhelming hopelessness and the desire to escape suffering. But there are also socially sanctioned reasons that can valorize suicide; in traditional Japan, suicide was a way of maintaining honor. To some extent, this is still a factor. People who have financial reversals will commit suicide not just to escape the problem but to make a gesture that acknowledges responsibility and hence restores honor in some way. Some of that's been exaggerated. There's been a stock image of the Inuit [the indigenous peoples of the arctic formerly called the Eskimo] as having a tradition of altruistic suicide in which older people sacrifice themselves for younger people. Granted, there were situations in which a whole family was starving and an elder would volunteer to be left behind. But that's a kind of self-sacrifice that people from many cultures could understand if they were facing similarly desperate circumstance so I'm not sure that should be viewed as suicide.

STAY FREE!: Has any interesting work been done on social stereotypes? Like

the idea that Eastern European Jews are more neurotic?

KIRMAYER: The cultural historian Sandor Gilman has written a lot about the stereotype of the neurotic Jew. For the most part, it's not true—everybody's neurotic. But we have different styles of expression. Woody Allen isn't more neurotic than other people, but he has made a career out of talking about his anxieties. Spalding Gray is equally expressive of his self-doubt and anxiety but with a different cultural flavor. You find huge variations in how open people are about expressing things—these aren't just stereotypes, they are real cultural differences. But even though there are, for instance, certain Asian cultures where people don't express things verbally in the way some Mediterranean or North American groups would, it doesn't mean they aren't experiencing those things. Of course, within each social group you find enormous variation, and it's easy to overestimate the importance of any cultural trait.

STAY FREE!: Scholars who study "subjective well-being" argue that Latin Americans and North Americans are happier than Asians. Is there any truth to this?

KIRMAYER: Well, this relates to what I was saying: how people narrate their own experience will be influenced by culture. Happiness is a particular cultural value. In North America, it is important to indicate your success by exclaiming your happiness. In many other cultural contexts, however, people don't view the point of life as being happy; they may view it as being productive, as being honorable, as being a contributing member to society or to a family. I think the idea that we should be happy is a particularly American value. It fits very well with consumer capitalism, where the route to happiness is the consumption of products. It's certainly possible that the strategies someone uses to pursue well-being (such as through economic productivity) have built into them inevitable unhappiness, but we're not really encouraged to question our value system. ■

A Japanese advertisement, from 1979, for a drug used to treat schizophrenia.

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CURIOUS ILLNESSES AROUND THE WORLD

These days, Western science takes it as a given that mental illness is rooted in biology. But this approach ignores culture's role in shaping health: simply put, different social environments create different mental health problems. Psychiatrists used to call ailments limited to particular environs "exotic psychotic syndromes" until it dawned on them that Western culture has its syndromes, too—namely, anorexia and bulimia nervosa. Now they refer to "culture-bound syndromes," though this name, too, is a bit misleading. Culture-bound syndromes are not linked to a particular culture in a particular time and place so much as to a prominent cultural emphasis. Cultures that place high importance on fertility, for example, may fuel fears of semen loss. • Though slow on the draw, the American Psychiatric Association began acknowledging the importance of culture in the fourth edition of its *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* by adding an appendix on culture-bound syndromes. Granted, the main body of the *DSM-IV* is filled with syndromes you can only imagine happening in the West—disruptive behavior disorder, for instance, or medication induced mathematics disorder. But, hey, it's a start. • Here are a few examples of culture-bound syndromes. —*CM*

Koro
Origins: China, Malaysia, Indonesia

A man who suffers from *koro*, or genital retraction syndrome, is gripped by the fear that his penis is shrinking and gradually being absorbed by his body. (Women suffer from koro, too—afraid for their nipples or vulva—but this is much rarer.) A typical case of koro goes like this: A man goes to urinate and notices that his penis is becoming smaller. Usually this happens because he's in a cold place or because he's upset about something—his sex life, for example. Both anxiety and exposure to cold cause male genitals to shrink temporarily.

But rather than shrugging the incident off, the man—who has heard about koro attacks in his community—only grows more anxious, particularly since koro is considered deadly. As panic mounts, the man grabs his genitals before they can retract into his body and calls for help. According to one scholar: "If no one is around to help hold onto his penis, he may even use mechanical devices—including cords, chopsticks, clamps, or small weights—to keep the penis from retracting." Koro attacks usually occur in epidemics rather than striking on an individual basis, further proof of their social nature.

Although some scholars trace koro to the Chinese concept of yin and yang, the syndrome and similar problems have also been found in places without any Chinese tradition. Ultimately, koro may have less to do with Chinese culture itself than with its strong cultural emphasis on fertility and procreation. *Source: Timothy McCajor Hall, "Culture-Bound Syndromes in China,"* weber.ucsd.edu/~thall/cbs_koro.html

Latah
Origins: Malaysia and Indonesia

Many people, when startled, gasp or swear. But after a few seconds most of us return to whatever we were doing before. For those who suffer from *latah*, however, that jolt of surprise turns into a 30-minute orgy of screaming, dancing, and hysterical laughter, punctuated by shouted obscenities.

Though often unpleasant for the *latah* herself (latahs are usually middle-aged women), family and friends find the outbursts entertaining and slyly provoke them in order to see a show. Startled women tend to mimic those around them, aping relatives or imitating things they see on TV. When a woman goes latah in public, this can be a real problem: One woman told a *New York Times* reporter about a hunchbacked man who lives in her neighborhood. If something sets her off when she's out shopping, she'll start walking like him for no apparent reason.

Any number of things can cause the onset of latah. Sufferers often cite a traumatic experience—the death of a child, for instance—as the source of the problem. But, according to psychiatrist Ronald C. Simons, the author of *Boo! Culture, Experience and the Startle Reflex*,

CONTINUED ON PAGE 58

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by Jason Torchinsky

RITZ
Taste the Best!
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BUYER BEWARE

How do supermarket shoppers react when you place foreign objects in their baskets? Gaylord Fields experiments.

Several recently published studies conclude that supermarkets are geared to lull the average shopper into a trancelike state and that this glassy-eyed mesmerization makes the customer purchase more goods. This comes as no surprise to this writer, as these results parallel my findings of thirty years ago when I undertook several experiments in social psychology under the guise of adolescent pranksterism.

The time: the early 1970s. The place: a typical Upper West Side of Manhattan supermarket, which, for those unacquainted with New York City commercial real estate, took up approximately the same square footage as the produce section of a typical modern-day American megamarket. The researchers: initially a trio of bored 13-year-olds, later pared to one nascent social scientist and scores of anonymous shoppers and checkout clerks, to whom I offer belated and collective thanks.

PHASE ONE

During our initial forays into the local supermarkets of choice, we gauged the level of cooperation of our host sites. In plainer language, my cohorts and I were determining what we could get away with under the vigilant eye of the ubiquitous convex mirror (this is pre-surveillance-camera 1973). This mostly consisted of such activities as jamming our pockets full of a name-brand caramel candy and placing rolls of bathroom tissue in freezer cases. We attracted little attention from the busy shoppers or even (make that especially) from the store management, and in the process developed the sangfroid, dexterity, and stealth needed for the successful completion of our operation.

PHASE TWO

For this part of the experiment, my colleagues' participation was no longer necessary, because if any member of our group were to be perceived as a member of a band of teenage males, we would attract unwanted attention. This science-minded young adult would have to go it alone. For it is here that the experiment commences in earnest, and I will link my findings with the studies of those who followed me, as briefly cited in paragraph one.

The experiment was simply designed: It would involve the surreptitious placement of various individual supermarket goods in the hand basket or cart of a targeted shopper (the "subject") by the experimenter, namely, this writer. I would then follow the subject to a position directly behind him or her in the checkout line and observe whether he or she completed the shopping transaction by purchasing the introduced foreign product (the "item").

As we scientists are merely human, I can now admit to having breached protocol a bit to speculate as to what results I would find. I presumed that the fewer goods in the basket, the more likely the subject would be to reject the item. I also presumed a similar correlation between the unusualness of the item and its rejection. Thus, my initial thought was to play it close to the vest by introducing leading brands—a box of Tide-brand detergent or Ritz-brand snack crackers—into heavily laden carts. Expecting to be emboldened by some degree of success (the purchase of the item by the subject), I would then, over a period of time, increase the risk of discovery: More unusual items, such as a packet of Airwick-brand room deodorizers or Knorr-brand chicken bouillon cubes, would be introduced into a basket holding a scant four or five goods.

CONCLUSION

In approximately one year of trials, run on an average of twice a week, *not one subject rejected the item, or even regarded it strangely; all items were purchased without question.* It mattered not one iota whether it was an incredibly commonplace and ubiquitous item, such as a roll of Scott-brand bathroom tissue, or a more arcane item, such as a meat thermometer. Forty items or four, the compliance rate was an astounding 100 percent! Everyone bought what was put in the basket without even a second's hesitation.

Unfortunately, my teen foray into the social sciences was curtailed by a variety of factors, namely the overwhelmingly one-sided data collected, the distractions of an increasingly challenging high-school curriculum, and my awakening to the fact that I could have introduced a yelping schnauzer and her litter of suckling pups into a subject's cart without notice. But foremost was the knowledge that if my experiments were to be discovered by those who might refuse to understand the gravity of my mission, I would soon cease to have the protection of my juvenile status guaranteed

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We're Sorry:

We're sorry about the Toys Went Berserk album that we forgot to release. We're sorry about the Hippie Porn soundtrack that we forgot to release. We're sorry we made fun of Ned Hayden in a magazine advertisement. We're sorry we made fun of Bob Guccione Jr. in a magazine advertisement. We're sorry we made fun of Alias Records in a magazine advertisement. We're sorry Sub Pop totally stole one of our magazine advertisements. We're sorry that _____ .* We're sorry about any damage we did to Time Warner or EMI's share prices. We're sorry we forced Mecca Normal to change their record cover from a giant vagina to a giant ear. We're sorry we spelled Yo La Tengo's name wrong on their own record cover. We're sorry we had the plug pulled on Bailter Space at their New Music Seminar gig and almost as sorry we had Billy Bxane MC the show. We're sorry we haven't listened to your CD yet. We're sorry we threw your CD out the window. We're sorry someone got hit in the head with the CD we threw out the 12th floor window. Hip Hop: we're really (fucking) sorry. We're sorry about the 10th anniversary ad with the picture of the dead baby (though we didn't invent pictures, babies or death). We're sorry we stifled Johan's creativity, thus forcing him to leave. We're sorry we sold t-shirts that had rifle sights over Everett True's face. Actually, we're sorry it was his face in a bull's eye. Rifle sights would've been kinda cool. We're sorry we haven't had an interesting label ad in several years. We're sorry for everyone who was ever trapped in the 625 Broadway elevator (but look at it this way, if it ever happens again in another elevator you're totally prepared!) We're sorry we deleted your bulletin board post (but when you consider how Google saves this stuff, you'll thank us someday). We're really sorry we inflicted Seven Mary Three on the world.** We're sorry we can't send you any free records. We're sorry you can't have a plus one or even a "one". You can have a minus two. We're sorry we released 'My Daughter the Broad' (but please note that we did not release 'Racially Yours' – give us credit for something!). We're sorry we never trademarked the expression "mattitude". (We're sorry about the mattitude) . We're sorry we talked Chavez into breaking up. We're not exactly sorry about "The Green Monster" but we are sorry we spent so much money on it. You know all those free cd's and dvd's we give away with records you bought months ago? We're sorry about those. We're sorry that so many copies of Silkworm's excellent 'Firewater' were mistakenly pressed with Bardo Pond's music instead (though some of you complainers really ought to give Bardo Pond another chance) We're sorry that so many copies of the 'Everything Is Nice' dvd had 'The Lord of the Dance' on them (though some of you complainers really ought to give Michael Flatley another chance). We're sorry that we willingly sold copies of 'Answer Me' to record stores. All that hassle and we didn't even get our names in the papers. We're sorry about that guy we buried in the woods. We're sorry you'll never hear the Jim Steinman mixes of 'Whitechocolatespaceegg'. We're sorry we talked Spiral Stairs into breaking up Pavement. We're sorry about that rumor we helped spread about Paige Hamilton (and please remember, in this great country a talented musician is 100% innocent until they are proven guilty). We're sorry we made fun of Scott Weiland in a magazine advertisement. We're even sorrier his manager tried to get us in trouble with Capitol Records. We're sorry that Dana Giachetto didn't introduce us to more famous people before he went to prison. We're sorry we sublet our old office to a bullshit record label financed by Rupert fucking Murdoch. How many times do we have to say we're sorry? A few more. We're sorry a great musician and thinker like Greg Ginn felt compelled to call us "mata-whore" in an interview (though it was kinda cool he had heard of the label). We're sorry our records cost $45 each in Canadian money. We're sorry some of our 7" vinyl is so thin you can see through it (though if we called it "translucent vinyl" we might be able to charge more). We're sorry we dropped Belle & Sebastian. We're sorry we messed up Jean Grae's career so badly by putting her on an internationally distributed CD and LP. We're sorry we didn't give Sound Exchange one of those Steve Keene Pavement Trees. We're sorry we didn't give them a whole forest of fucking trees. We're sorry we can't hear a word you're saying, I think we're going through a tunnel. We're sorry that the Unsane's "Body Bomb" video predicted the WTC destruction years in advance (much the same way their AmRep skate bloopers video predicted lots of kids skinning their knees). We're sorry, is that your real head? We're sorry for any small part we played in ending the last Mayor's marriage (but you've got to admit it was kind of a sham). We're sorry about "Brain Candy" but you should've seen it before the focus groups got a hold of it. We're sorry about the "What's Up Matador" film (but the focus group loved it). We're sorry we continue to prevent Guided By Voices from releasing as many records as they want. We're sorry we took a big bag of money from a major label and gave most of it to Mark E. Smith. We're sorry we can't hire you. We're sorry, but we're eliminating your position. We're sorry the air conditioning is broken (it should be fixed by September). We're sorry the heat is broken (it should be fixed by May). We're sorry we gave away a 5x7" collection called The Robert Haber Memorial Box. There's nothing funny about giving away box sets. We're sorry we keep dissing Pitchfork. We're sorry you had to yell "Do you know who I am?" and maybe if our subscription to Fuckface Weekly hadn't expired you wouldn't have to ask. We're sorry, but "unsolicited" means we didn't ask you to send something. We're sorry, but you're going to have to put that out.

* - Censored by this publication.
** - Sorry, that was Mammoth Records. A very easy mistake to make.

Guided By Voices
Earthquake Glue
CD/LP

Matmos
The Civil War
CD/LP
In stores 9/23

The New Pornographers
Electric Version
CD/LP

MATADOR
matadorrecords.com

Mogwai
Happy Songs For Happy People
CD/LP

Pretty Girls Make Graves
The New Romance
CD/LP
In stores 9/9

map > **by Matthew Flaming**

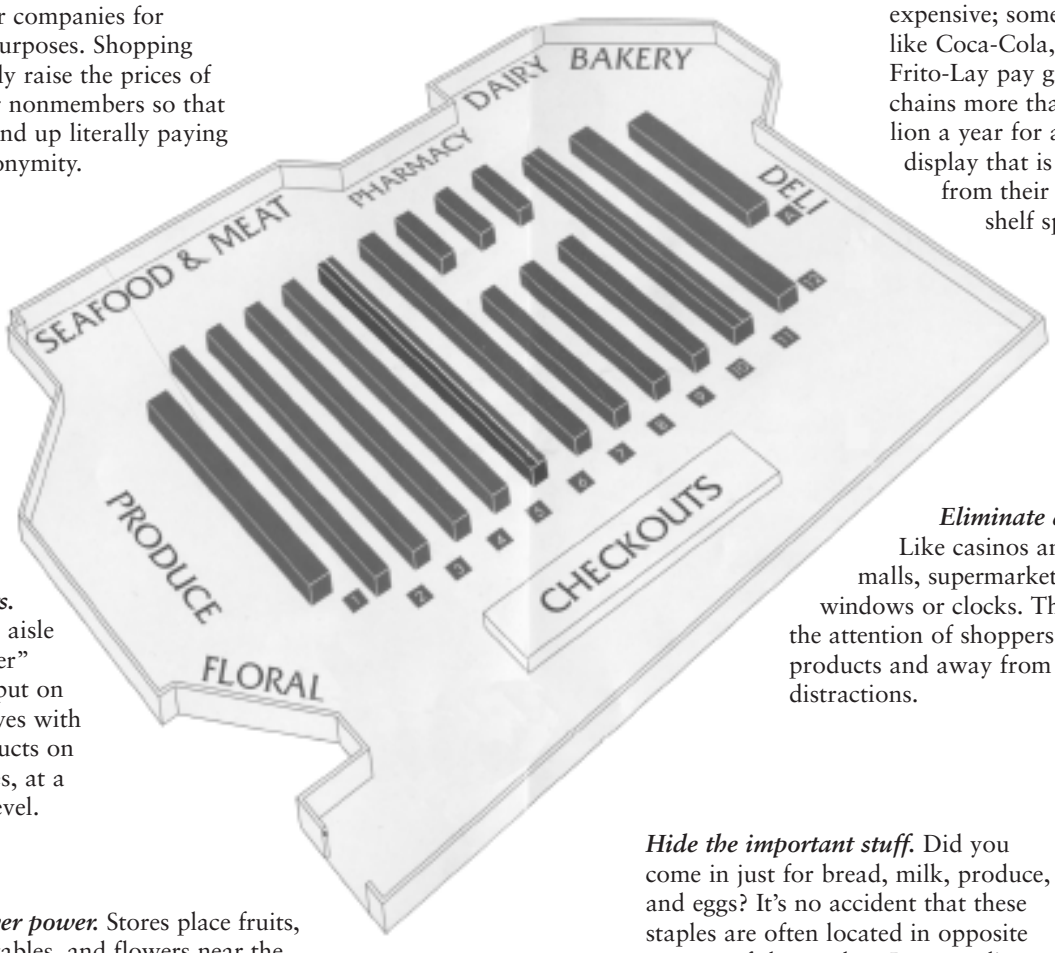
SECRET SHOPPER

Although you may not know it, your favorite grocery store is working overtime for you—not just by offering discounts and an overwhelming selection of products, but also through mental-conditioning techniques designed to make you into a better shopper.

Join the club. By offering "valued shopper" cards, supermarkets can coerce shoppers into revealing personal information that can be sold to other companies for marketing purposes. Shopping cards actually raise the prices of products for nonmembers so that consumers end up literally paying for their anonymity.

Confuse 'em. Most grocery stores group items by manufacturer rather than by type to make price comparisons more difficult and to encourage browsing. For example, a shelf will contain all the varieties of Campbell's Soup rather than all the varieties of split pea. When retailers alphabetize soup cans by type, studies found, their profit margins drop significantly.

Location, location, location. Because shelf space is at a premium, most retailers charge a "slotting fee" to stock a product—up to $25,000 for prime eye-level positioning. Space on aisle end-caps is even more expensive; some companies like Coca-Cola, Pepsi and Frito-Lay pay grocery chains more than $1 million a year for a permanent display that is separate from their primary shelf space.



Children make the best shoppers. In the cereal aisle the "healthier" choices are put on the top shelves with sugary products on lower shelves, at a child's eye level.

Eliminate distractions. Like casinos and shopping malls, supermarkets have few windows or clocks. This directs the attention of shoppers toward products and away from outside distractions.

Flower power. Stores place fruits, vegetables, and flowers near the entrance. This layout is intended to encourage impulse purchases of these high-margin items before shoppers become more price-conscious as their baskets fill, and to create the impression of freshness and beauty in the store.

Hide the important stuff. Did you come in just for bread, milk, produce, and eggs? It's no accident that these staples are often located in opposite corners of the market. By spreading the most commonly bought items far apart, the store guarantees that shoppers see the widest variety of goods, increasing the chance of impulse purchases.

feature > Carrie McLaren interviews Edward Shorter

BORDERLINE HYSTERIA

The History of Psychosomatic Illness

In *Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era*, Edward Shorter sets out to illustrate a few simple ideas. Most of the medical symptoms your typical American suffers from are psychosomatic—in other words, they can't be traced to any organic cause but are rather the result of some mind-body interaction. The symptoms may be real, but the cause is psychological, stemming from depression, anxiety, or stress. Today, this manifests itself in the headaches, backaches, fatigue, diarrhea, dizziness, and joint pains that concern so many patients.

While exploring the history of psychosomatic illness, Shorter looks at how the symptoms have changed over time and at the forces behind those changes. His thesis is that psychosomatic symptoms change with the culture—meaning, among other things, that they evolve to match the prevailing medical diagnoses of the day. In the early 1800s, for example, doctors talked about "spinal irritation," believing that when a certain point along the spine was pressed or hurt, it created peripheral pains and other motor (muscular) system problems. Consequently, doctors increasingly began seeing patients whose problems conveniently fitted the diagnosis. These patients—usually women—complained of temporary blindness, paralysis, and other ills. Some couldn't walk, others couldn't move their arms, many remained paralyzed for months in bed. Doctors would come across patients so catatonic that it was impossible to tell whether they were alive. Unable to detect pulses or respiration, doctors found that the only sure sign of death was when the body emitted a "cadaverous smell."

Some of these patients no doubt had undiagnosed organic diseases. But Shorter convincingly argues that the majority of cases were psychosomatic.

It's a funny thing: by the early 1900s, these symptoms had virtually disappeared. Medicine had started to shift away from the spine to the brain. Also, the social position of women improved. Whereas Victorian era mores had rendered women immobile—unable to have careers or lives of their own—psychogenic paralyses were, Shorter contends, "a metaphorical way for women to convey their dysphoria." Once women won greater freedom, these kinds of symptoms became obsolete.

Psychosomatic symptoms didn't disappear, however—they simply changed with the times. In case after case, from somnabulism to neurasthenia to "Yuppie flu," we see how medical and cultural trends alternately reinforce and erode particular psychosomatic symptoms. Shorter argues that this is because patients don't want to be seen as crazy and they therefore unconsciously or semiconsciously exhibit the "right" symptoms. Someone who complained of temporary blindness or paralyzed arms today would be sent straight to a psychiatrist, whereas headaches or joint pain would be taken more seriously. This isn't to say patients deliberately choose their symptoms—quite the contrary. While Shorter cites historical examples of patients who controlled, or even faked, their symptoms, most of these people were most likely unaware of the mind's role. Even if patients somehow did become aware, there would be little they could do directly to stop the symptoms. Through a mysterious quirk of the unconscious, inner turmoil was masked by the common symptoms of the day. Or, I should say, *is* masked. Although Shorter's book says little about the contemporary experience of psychosomatic illness, it's clear that similar mind-body-culture interplay is very much alive today.

Professor Shorter is the Hannah Chair in the History of Medicine at the University of Toronto. The author of over a dozen books, he is currently researching the history of sexuality and the history of psychopharmacology. We spoke by telephone in June 2003. —*Carrie McLaren*

Photos from *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêriere,* by Georges Didi-Huberman (MIT Press, 2003). Photography helped create hysteria as a syndrome in the late 19th century.

The moment something becomes *possible* in medicine, it becomes *probable* that it will be done. All of a sudden it became possible to remove the clitoris!

STAY FREE!: In a past issue of *Stay Free!*, we looked at how TV and advertising shape the public's understanding of illness. One of the things I thought was interesting about your book is that it shows how this process of "shaping" goes way back—it didn't begin with TV or the internet. William Whyte published a book in 1750 on nervous illness. Could you talk a bit about that and how it affected patients at the time?

SHORTER: The underlying process going on here is that patients endeavor in an unconscious or semiconscious way to produce symptoms that will correspond to the medical diagnostics of the time. Whyte's focus on nervous diseases caused lots of patients to orient themselves away from their bowels and abdomens, where humankind had been fixated for about 500 years, to the central nervous system. Rather than talking about dysphorias in terms of the spleen, patients would increasingly start talking about nerves.

STAY FREE!: Were people actually reading medical literature or did they find out about these things from doctors?

SHORTER: Whyte's book did not have a wide circulation among the public. How people pick up their medical ideas is an interesting point. Today they take them from the media, from television. Back in the 18th century, it was from the upper-middle-class drawing room, where people would talk about the newest medical fads and ideas of the day. The world of science and medicine was much more generally accessible to the literate public than it is today. It would be unusual for nonphysicians now to discuss an article in the *New England Journal of Medicine,* but in the 18th century it was quite common among educated people.

STAY FREE!: In your book, you mention that anorexia dates from the late 1800s, which strikes me as odd because I've always considered it a contemporary problem stemming from media influence. What was the genesis of this particular illness? Was it similar to anorexia in the modern sense in that patients wanted to be thin?

SHORTER: No, the fixation on thinness certainly did not exist then. Women's ideal weight was set about twenty pounds heavier than it is now. I think it was sociogenic; you can see it arising at the family dinner table. The whole concept of the emotionally involved family is a relatively recent construct. Before that families were much more functional. They were oriented to running the craft shop or the farm. People didn't see themselves finding their personal happiness in family life. This new type of family affected large numbers of the population around the middle of the 19th century. And not everyone was comfortable with the intense sentiment.

STAY FREE!: What do you think caused this shift in family life?

SHORTER: There are lots of theories. One is that capitalism created a hostile environment and the need for people to find some emotional place to shelter themselves against competition. There's lots of speculation on the part of academics. But, regarding anorexics, let's say you have young women who are trying to establish an independent realm for themselves, who are trying to get away from the intense parenting that would go on until they got married. With the dinner table becoming the primary family focus, food refusal is a way of declaring a kind of time out. It's a way of saying "I don't want to be a part of this scene so I'm not going to eat." Only later does the intense interest in slimness arise. That doesn't surface until the 1920s, when women started wearing revealing clothing.

STAY FREE!: Many of the treatments for medical symptoms were brutal: doctors would place burning rods on patients' backs to cure a paralyzed arm; they would cauterize the clitoris to cure hysteria; women who complained of having paralyzed arms or legs would have the limbs amputated. It makes you wonder whether the doctors performing these savage operations were aware of the psychological causes. Some of the doctors clearly were—you mentioned one doctor who gave comatose patients enemas to see if they would get up to avoid soiling their beds.

SHORTER: Well, the moment that something becomes *possible* in medicine, it becomes *probable* that it will be done. There's a fascination with novelty that doctors share with everyone else. These are the very early days in abdominal surgery, where every incision seemed like a pioneering gesture. So here come these young women that have these chronic emotional problems that doctors have rolled their eyes about for centuries, and all of a sudden it becomes possible to *remove the clitoris! remove the ovaries!* Often the women and their families

were in favor of it, so the temptation was irresistible. The ovaries were thought to be the seat of much irritation that would flood into the female nervous system; they were removed on a massive scale.

STAY FREE!: Even in recent times there have been a lot of unnecessary hysterectomies. Do you think this is a legacy of these ideas?

SHORTER: It probably is. Many women have [various] psychosomatic symptoms around the time of menopause, and it's very tempting to associate these problems with the uterus and the ovaries. This operation usually fails if the goal is to produce some psychic relief, because things like depression and anxiety don't begin in the uterus. Nonetheless, these operations are still done on a wide scale.

STAY FREE!: "Chronic masturbation" was treated by stitching the labia together. What happened to chronic masturbation as a symptom?

SHORTER: Masturbation ceased to be something that warranted medical attention in the 1930s. In fact, masturbation is now seen as therapeutic; people are taught how to masturbate to maximize their sexual pleasure.

STAY FREE!: You wrote about how some of the most fashionable people have the most cutting edge symptoms, the ones that are most medically up to date. Can you give me an example?

SHORTER: If we're talking about today, new illnesses appear first among educated people simply because they are more plugged into medical media. These middle- and upper-class people are the first to begin monitoring themselves or their children for evidence of peanut-butter allergies or excessive tiredness. It is from these relatively small social groups that the symptoms radiate out.

STAY FREE!: What's the evidence that this is in fact the pattern?

SHORTER: Historically, you can see how the patterns form. Concern about sensitivity to peanut butter, for example, used to be confined to upper middle class neighborhoods. Now it's epidemic. Same thing with multiple chemical sensitivities.

STAY FREE!: But this in itself doesn't necessarily mean it's psychosomatic, does it? It could be that uneducated people are less likely to identify health problems or less likely to visit the doctor.

SHORTER: But the evidence is clear that multiple chemical sensitivities are psychosomatic. These are not organic problems.

STAY FREE!: There are, however, people who are actually allergic to peanuts.

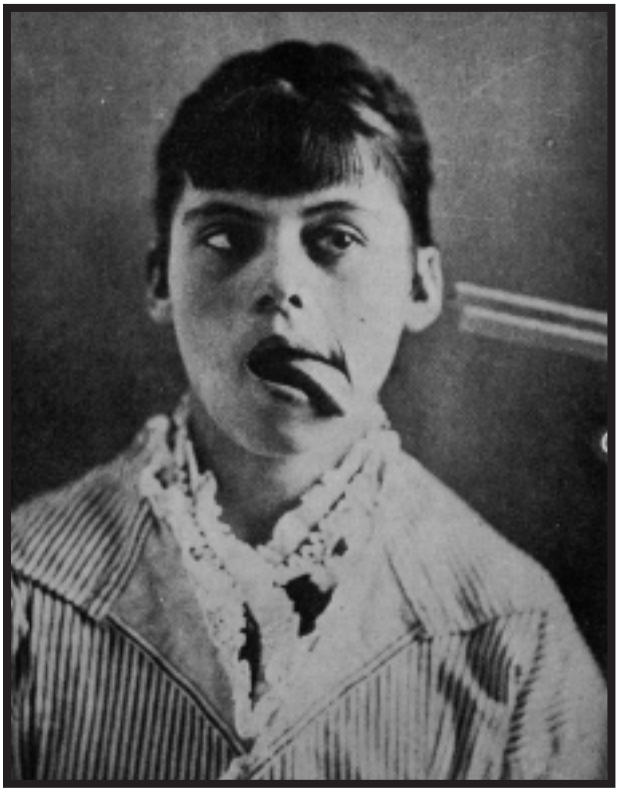
SHORTER: Yes, there is such a thing as peanut allergies, but that doesn't mean that everyone with the diagnosis has them. Peanut allergies are rare, but today it's hard to find a fourth-grade class without a couple of kids who are thought to have them. It's become an object of epidemic hysteria.

STAY FREE!: What's the difference between a real peanut allergy and a fake one? How does the patient's experience differ?

SHORTER: With a fake peanut allergy, it's the parents who have the symptoms—anxiety, unrealistic attributions of illness to banal symptoms in their children. In a real peanut allergy, the child is highly symptomatic.

Peanut allergies are rare, but today it's hard to find a fourth grade class without a couple of kids who are thought to have them.

A patient demonstrates the purported effect of a tuning fork on the tongue. The photo, originally published in 1889, is reprinted in *Invention of Hysteria.*



At the typical family practice about half of patients' complaints are not the result of an organic disease; they are the result of some sort of mind-body interaction.

STAY FREE!: Among French troops who suffered from shell shock in WWI, paralyses were common, whereas in WWII, no one had paralysis, they all had cardiac and gastrointestinal troubles. What's behind this? Was there a similar shift seen among American troops?

SHORTER: American troops were not as involved in WWI as the French were, so Americans didn't have a chance to develop as deep a revulsion to trench warfare. But it's interesting that the symptoms of shell shock seen in the first World War were not the ones seen in the second. By World War II, army doctors had started to associate paralysis or Parkinsonian trembling with hysteria, so they were much more inclined to say, "Get back in your tank, there's nothing wrong with you." The main difference between the two world wars is what the doctors learned in treating men rapidly to get them back in action.

STAY FREE!: Historically, some of the most respected doctors had some of the screwiest ideas. Do you see any parallel today?

SHORTER: My research field is psychiatry and psychiatry is filled with artifactual diagnoses, doubtful remedies, and drugs that don't work very well used instead of drugs with demonstrated track records simply because the good drugs have run out of patents and the drug companies aren't marketing them anymore. The drugs that are still covered by patents are the ones that are marketed systematically to physicians. So there's a lot going on today that isn't scientific.

STAY FREE!: You've written that patients today are more sensitive to body signals; they're more likely to go to the doctor for something than they would have a few decades ago. What's the evidence for this?

SHORTER: There are surveys by the National Center for Health Statistics with comparable surveys from the 1930s showing that patients are *much* more sensitive.

STAY FREE!: That's ironic. On one hand people are less trusting of their doctors, but on the other, they are *more* trusting of medical science because they believe that they can be relieved of every imaginable symptom.

SHORTER: Our confidence in science and medicine is very well placed. It's just a shame there has been a breakdown in the doctor-patient relationship, because doctors are able to help patients with psychosomatic problems if the patients are willing to trust them.

STAY FREE!: You've said that most of the things people visit their doctors for are psychogenic.

SHORTER: At the typical family practice, about half of patients' complaints are not the result of an organic disease; they are the result of some sort of mind-body interaction. That's what drives family doctors crazy—they see all this hysteria.

STAY FREE!: There needs to be another word than *hysteria*. It's so stigmatizing.

SHORTER: Of course, doctors don't use that word with patients. They'll say "functional," which means "not organic."

STAY FREE!: How do you think doctors *should* respond to patients when they suspect their problems are psychosomatic? Do you think doctors should recommend medication of some kind to help alleviate the symptoms?

SHORTER: One thing that helps psychosomatic patients is telling their story to the doctor, so giving patients ample time is very important. But there is no specific medication for psychosomatic problems, aside from a drug like clomipramine, which lessens anxiety.

STAY FREE!: So are you saying that doctors shouldn't tell patients to take Pepto Bismol? That, if they prescribe anything, it should be antianxiety meds?

SHORTER: A doctor tells patients anything that will be therapeutic: see a homeopathist if necessary. Valium by all means. What the doctor himself thinks is, "Another case of hysteria. Psychiatric material."

STAY FREE!: Didn't doctors used to prescribe sugar pills?

SHORTER: Yes, it was once very common for doctors to prescribe a placebo, and that went on for decades and decades *to the benefit of patients*, I might add, because placebo remedies really do work. You destroy their effectiveness when you tell a patient, "I'm prescribing baking soda." I have a lot

of problems with a particular version of bioethics we have today that says it's unethical to lie to patients. If we can help patients by lying to them, then by all means, lie to them.

STAY FREE!: I want to talk about gender, since these problems, historically and now, are especially common among women and girls. Other than sexism, what do you think is behind this?

SHORTER: I don't think sexism is behind it at all; many women who have mystery illnesses are self-diagnosed. Now, there may be something about the interaction between male physicians and female patients that makes the doctors more likely to see psychosomatic issues in a female and organic issues in a male. But I don't think that's the major motor behind this. Women are more sensitive to their bodily signals and are more inclined to see them as evidence of disease. Why is that? Well, I think it's because women experience loss and grief and trauma more deeply than men do. The loss of a friend, for example, the death of a relative—these loom larger on the female radar than they do on the male radar.

STAY FREE!: You don't think women are just more expressive of these problems?

SHORTER: No, I think they psychologically experience the loss more deeply. Men express their inner dysphoria more in the form of sociopathy. They do tractor pulls and get into barroom fights.

STAY FREE!: What about class differences?

SHORTER: The middle classes are more symptomatic than working classes because they're more plugged into the media.

STAY FREE!: Race?

SHORTER: The racial differences I'm aware of would be explicable as class differences.

STAY FREE!: Do you consider clinical depression an organic illness?

SHORTER: Yes, I believe depression is caused by some kind of brain process. It's a disease that is in a way just as organic as mumps or liver cancer—although, unlike liver cancer it has a fluctuating course. It comes and goes in waves whereas liver cancer is chronically progressive: it only gets worse.

STAY FREE!: I have a quote from you from *Reason* magazine, 1997, regarding Gulf War Syndrome: "It's absolutely unmistakable" that "the symptoms are thoroughly psychosomatic . . . The syndrome has no scientific status. It's entirely driven by political needs and the media's need for sensationalism."

SHORTER: By the way, I'm sure we're going to see the men and women coming back from Iraq with latent symptoms as well. This has become standard; every time there's a deployment, everybody comes back sick.

STAY FREE!: Have you ever gotten in trouble for statements like this?

SHORTER: People tell me to shut up, but I have tenure.

STAY FREE!: But you're a historian, you're not a doctor.

SHORTER: I'm a medical historian. I went to medical school, but I don't have an M.D.

STAY FREE!: But "*absolutely unmistakable*," "*thoroughly psychosomatic*"—is that necessary?

SHORTER: It hurts people to hear that, but these patients from the Gulf War have been investigated exhaustively and nothing has ever been found.

STAY FREE!: But there are plenty of diseases that were once falsely considered psychosomatic: multiple sclerosis, epilepsy . . .

SHORTER: Medicine today is much better. It's very different from medicine in the 1870s.

STAY FREE!: Asthma used to be considered psychosomatic.

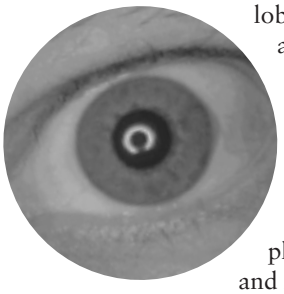
SHORTER: Yes, by the Freudians. Asthma and high blood pressure and hives. And there were a bunch of other things that have since been recognized as organic, but that's simply the sign of the march of medical progress. ■

High school teachers:
Check out the *Stay Free!* media literacy curriculum. Download readings, projects, and classroom discussion tips at: www.stayfreemagazine.org/ml

If we can help patients by lying to them, then by all means, lie to them.

SICK IN THE HEAD

Stay Free! asked our readers and contributors to tell us about their psychosomatic complaints. Here's what they said.



While word processing for a Chicago lawyer who specialized in bankruptcy judgments, I developed a kind of tunnel vision. All day I typed huge complaints that were mostly boilerplate, going after women who had run up their Famous-Barr credit cards and guys who had stopped paying for their Tercels. My boss assured me these people were all scum. He said "scum" a lot, and "credenza" and "I'm busy, I've got law to practice!" My work there was almost entirely powered by the Starbucks in the building's lobby. After one cup, my brain felt like it had an extra storey in it, my vision would collapse, and I would find myself unable to stop typing. My boss said he really admired my work ethic, but ethics had nothing to do with it. My eyes would get locked onto the complaint, which became clear and distant. It was like riding an elephant. The world was very small but precise and nauseating. Finally I would get up and go to the bathroom, which was down a very long hallway. The women's room was across from the men's room, and the tunnel vision effect became particularly intense whenever I crossed paths with my boss or another lawyer while heading back from the bathroom. It felt like a train coming at me. I kept vowing to stop drinking the coffee, but my boss kept buying me double espressos, so this went on for quite some time. —*Angela Woodward*

Several years ago my longtime boyfriend and I got engaged. The ring was a sterling silver band engraved with the words *vous et nul autre* (French for "you and no other"). It was a long engagement, and I wore the ring for at least two years, never removing it. After wearing the ring for so long without incident, all of a sudden it began to irritate my finger. I developed a painful, itchy rash and had to stop wearing the ring. It turned out that my fiancé was cheating on me at the time—my subconscious was trying to tell me so! —*Victoria Sweat*

Over the past year or so I have been hearing voices that aren't there, usually as I'm waking up. I can hear them trail off as I look around to see who's there. The strangest occurrence was at a friend's barbecue. I heard someone scream, "Hey!" in my right ear, but everyone was just sitting around eating and drinking beer. When I asked if anyone had just yelled "Hey!" they cautiously replied that they hadn't. I'm not overly worried, since the voices only seem to want to get my attention at this point. Also, it could have been someone yelling on the street that no one else noticed. But it's odd that this only started happening when I moved into my new apartment, which used to be a public school. Am I haunted by a dead, disgruntled vice principal? I don't know. However, I promise to get help when the voices start bossing me around.
—*Chris Warwowski*

When I was 14, my parents went out of town, leaving the place to me and my friends. We got high as hell, went nuts for two days, and documented the entire bender via VHS. I hid the video in my underwear drawer and more or less forgot about it until late one night when I woke up with an awful stabbing pain in my abdomen. I was positive my appendix was going to burst. I knew you could die from your appendix bursting, but I was too embarrassed to wake my parents and tell them because what if my appendix wasn't really bursting? So I decided to wait it out, and if I died in my sleep, then I died in my sleep—only I couldn't die and leave the videotape! My mother could *never* know about that weekend. So I got up, smashed the tape to smithereens, and crawled back into to bed to await my fate. I woke up the next morning with nothing more than a sore stomach and a demolished video, which I'd give *anything* to see today. —*Lindsay Sullivan*

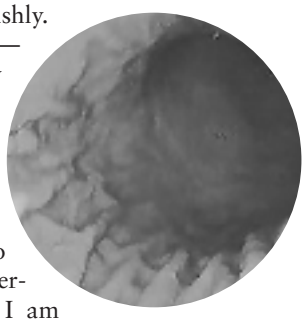
Several years ago I began having severe stomach pains. The doctor couldn't figure out the problem even after a couple rounds of tests. I

wound up taking Prilosec, and it helped, but again, as far as the doc was concerned, I had nothing physically wrong. Concurrently, however, my wife and I were going through a tough stretch. After things got better, guess what? So did my stomach. —*Fred Mills*

On a fifth-grade class trip, we all took a boat ride—where we were going to, or from, I can't remember. What I do remember is that it was a cold and rainy day and that we were all inside the boat's cabin when I started feeling ill. I asked the teacher if I could go stand on the deck and get some air because I was seasick. And he said, "Do you know what a psychosomatic illness is?" I said, "No." And he explained it to me and suggested that maybe I was simply feeling seasick because I felt that I *should* feel seasick, since I was on a boat. He said that if I really wanted to go outside, that was fine, but that I wouldn't be able to come back inside—I'd have to make a choice, to stand on the deck, where it was raining, or to stay inside the cabin. (This is one of those things that everyone overlooks in their rosy accounts of their childhood: the fact that you are at the mercy of strange and arbitrary rules.) Anyway, his explanation that my seasickness was imaginary seemed sensible to me, so I opted to stay in the cabin, nursing my stomachache, until the boat ride was over and I projectile-vomited on the dock. The teacher, to his credit, was really, really apologetic. —*Tim Carvell*

I have suffered from panic attacks off and on since I was about 11, and I've pretty much been on medication since I was around that age. On September 11, 2001, I had the worst panic attack of my life. I fainted and was shivering on the floor for nearly four hours, unable to get up because every time I tried I got dizzy. A few hours later, I was finally able to get up and walk to a friend's house on the Upper East Side. The next day, however, I was riding the subway and almost collapsed. I was pretty freaked out and someone had to call the paramedics. Since then I've gotten tense and/or anxious around the same time every day, between 8:30 and 11:30 a.m. Although it is much better, I can still feel my chest tightening, and I start to hyperventilate on occasion, especially during those hours. For the first few months after the 11th this occurred pretty much every day. I don't know if it's a pattern I got myself into or if it's something biological (probably a bit of both), but it made it very hard for me to concentrate at work during those hours for a good year. —*Jim Morrissey*

This past summer I graduated early from college and found myself growing anxious. My whole life had been geared toward graduating, and suddenly I had no goal, no purpose. "Should I move in with my boyfriend?" "Will I be able to afford rent?" "Should I start looking for a new job?" Around this time, I noticed that my right eye began twitching. It wasn't so bad at first, but as I grew more and more concerned about postcollege life, my eye twitched ever more feverishly. Eventually I started to see "swimmies"—what appeared to be mice or bugs—in my peripheral vision. After about the third day of trying to catch the mice and bugs, I realized there wasn't anything there, that the twitching eye and the evasive mouse sightings were simply manifestations of a greater anxiety. I was forced to deal with my "issues." Now that I am exercising regularly and keeping a journal, I am happy to say that my eye doesn't twitch and the only mice I see are the ones escaping from the back alley dumpsters. —*Christina DiLisio*



While staying with my parents one summer during college, I started having sharp stomach pains. My mom took me to her doctor, who gave me a battery of tests, none of which amounted to anything. I was given some drugs but they only put me to sleep. When I returned to school, the pains persisted, so I visited the university doctor. I explained the problem to him, and he responded by saying that he recognized my voice. I was a DJ at the college radio station, and he went on about how he loved my radio show. Normally I would have appreciated the compliment, but, y'know, you don't want the man putting his hand up your rectum talking about your radio show. It's just wrong. And when he called me at home a couple of times, I was sure he was up to no good. At that point, I decided that the cure for my stomach problem was worse than the disease and resolved to live with it. Of course, as soon as I did, the problem went away. —*Carrie McLaren*

Unable to sleep a few months ago, I decided to spend time on the computer. I belong to an email list for environmental topics, and disease and disaster are typical subjects. My hand was anchored under my chin, and as I read a listing about cancer, my hand suddenly felt a small lump in my throat. I don't mean the kind of lump when you swallow but a small one about the size of a pea right under the skin. Well, I started imagining that I had some sort of cancer, and I decided the best thing to do would be to go downstairs and awaken my boyfriend to inform him that he would have to find another mate since I would soon be dead. It was just as I pushed my mouse away that I suddenly felt sick to my stomach, and my mind was taken over by black smoke signals. I passed out on the desk and awoke a few minutes later with heart

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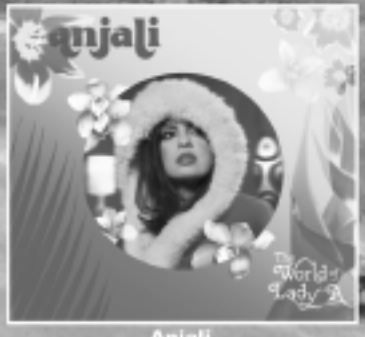

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racing and sweaty palms. The worst part was that the lump in my neck was still there—I hadn't imagined it. The next morning I scheduled a trip to the doctor. After a few tests, it was determined that I was healthy but suffering from a swollen lymph node due to allergies. After this experience, I haven't determined which is worse: my allergies or my mind. —*Leslie Birch*

A few years ago I broke up with my husband and lost my job in the same week. Soon after, I learned I was pregnant. Life sucked. I am a mostly sound person with no overt neuroses, but I suffered a bizarre mental spell during that time. I was standing in line at my local Boston Market when the voices of the cashier and people around me began to evolve from English into a strange language, completely unrecognizable. Everyone was speaking in tongues, gobbledygook, and I couldn't understand a word. I felt physically fine otherwise but alienated from the rest of the planet. It was the deepest sadness imaginable. I'd guess this was probably something hormonal, but no doctor has ever been able to confirm that. It never happened again. —*Marilyn Carino*

After graduating from college, I worked as a teacher's aide in an elementary school in Allston, MA. Because I couldn't afford to rent an apartment, I commuted from my parents' home. As the teaching program was winding down, I still had not quite figured out what I was going to do next. I had no money saved, and I was living with my parents in an economically depressed community, one that I had hoped to leave for good. One afternoon, sitting in a park with my friend Mimi, I began itching like mad, all over my arms and legs. I squirmed and scratched all the way home as a rash spread all over my body. It turned out that I had hives, and they lasted at least a week. During that time, I met Mimi's parents, both of whom are deaf. Mimi told me that they gave me the nickname "Ed Scratch," using ASL. When we had our graduation ceremony a few days later, Mimi and I arranged to have the signer onstage introduce me as "Ed Scratch" when my name was announced, for their benefit. —*Ed Bordas*

My college roommate and I both had debilitating stomachaches about once a month, though never at the same time. One time I even took Dannie to the emergency room. They hooked him up to an IV of water and then he was fine. We talked to our respective doctors, but they never had answers for us. This went on for three or four years, during which we lived in three or four apartments, so I couldn't blame environmental poisoning. Nor were the pains linked to any dietary habits. We never figured it out. After college, we each had about one more stomachache. Then it stopped. Was it the stress of college? Too much coffee? Who knows. —*Chris Powers*

I have bizarre "sensitivities" to cash registers and magnetic sensors, to natural foods, and to stagnant air in people's houses. I also get phantom pains, only to hear later from someone that they were hurting in the exact same place. I get mood swings and anxiety attacks the day before a major upset occurs in my life. My best friend thinks I'm psychic, but the doctors throw around that word "somatic" an awful lot. How can I be somatic about stresses I'm not even going to have until the next day? —*Denise Varisco*

My parents raised my brother and me (I'm a girl) as devout Catholics, so I really wasn't informed about our different biological/reproductive makeups. My mother was also a self-proclaimed doctor. She read every medical book in sight and kept the Merck Manual handy. So after experiencing bizarre symptoms at the age of 6, I broke out her handy-dandy books, and the answer was right there in black and white. Until the age of about 11, I was convinced I had prostate cancer. —*Brittany Lacour*

NEXT TIME . . .

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text by Brian Boling; illustrations by Matt Dicke

ENTER THE WOLFMAN

The syndrome that makes you howl at the moon

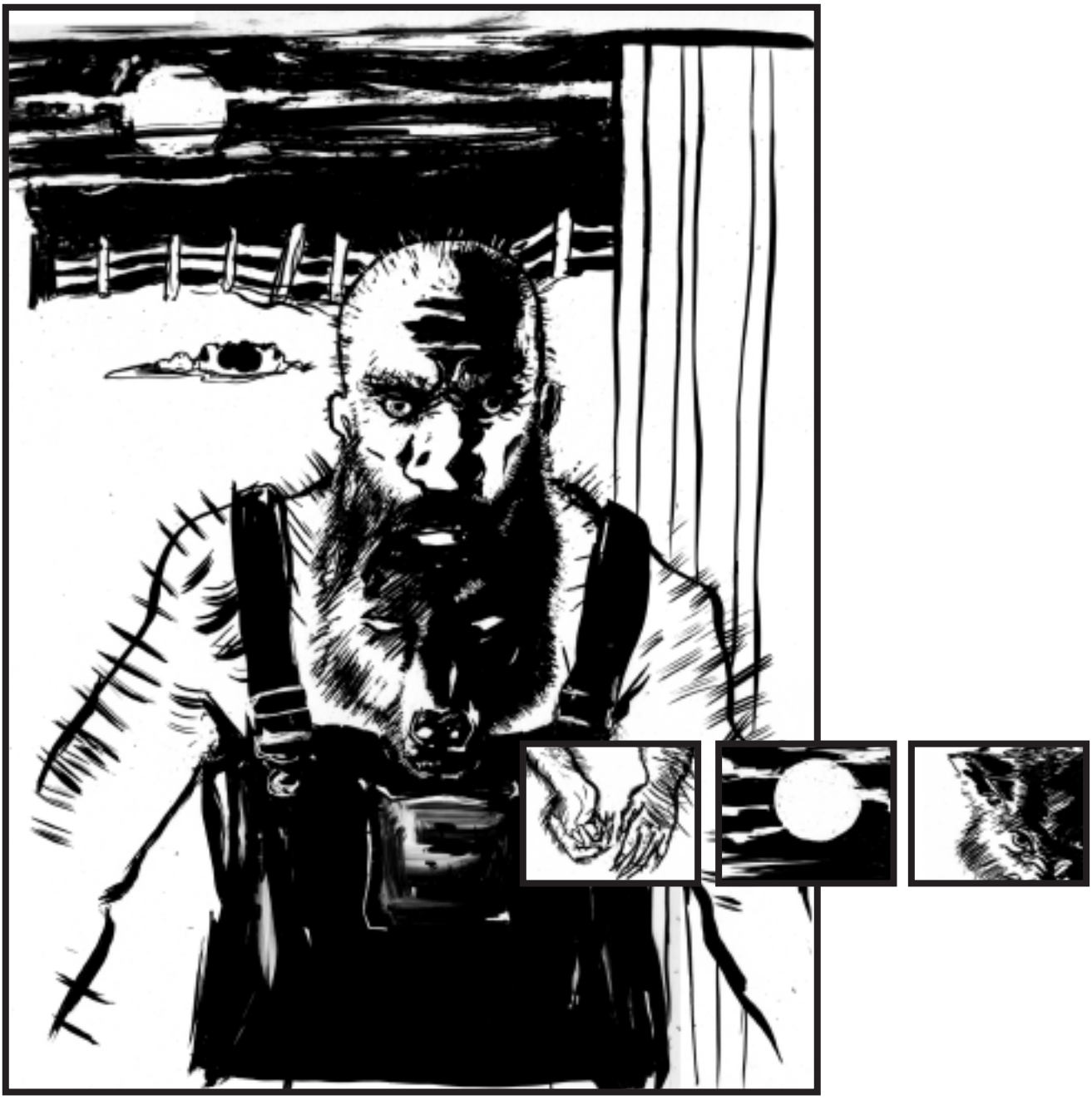
Although werewolves—that is, humans who imagine they are werewolves—were thought to have died out in the eighteenth century, reports of lycanthropy (or "wolf-madness") have reappeared in the psychiatric literature. Doctors have published papers on eighteen cases since 1975: patients who believe they are covered with fur, who mistake their hands for paws, who see a wolf's face in the mirror, who frequent cemeteries and howl at the moon.

Though some of these people were undoubtedly influenced by B-movies, the roots of lycanthropy date from the Greek myth of Lycaon, an impious king whom Zeus transformed into a wolf. In the fourth century A.D., Greek physicians defined lycanthropy as a disease, distinguishing it from the werewolves of folklore. The symptoms included hanging around graveyards until dawn; a pale, hollow expression; and incurable sores due to frequent falls. Lycanthropes suffered from unusual dryness, neither shedding tears nor salivating.

For the next eleven centuries, doctors copied these ancient accounts, adding only that lycanthropy was a type of melancholy cured by bleeding, bathing, and laxatives. The disease model, prevalent during the Renaissance, saved the life of at least one self-proclaimed werewolf. In 1601, a young French boy named Jean Grenier frightened other children by declaring that he was a werewolf and that little girls tasted sweeter and more tender than the dogs he'd devoured. Although one judge sentenced Grenier to hang, a higher court reviewing the case asked two physicians to examine him. They diagnosed the case as lycanthropy and recommended confinement in a monastery. According to a judge who visited the prisoner years later, Grenier maintained his belief in his werewolfism until the end.

For those Europeans swept up in the witch craze, the werewolf syndrome was blamed on demons; werewolf trials coincided with witch trials. Often people who had lost livestock to real wolves cited their slain animals as proof of an unpopular neighbor's werewolfism. In some cases, authorities attributed wolf traits to actual murderers, as with Peter Stubb, who killed and devoured at least thirteen children. Stubb did admit in court that the devil had given him a magic girdle to change him into a wolf. Whatever the source of the accusation, suspected werewolves were tortured until they confessed and then were burned to death.

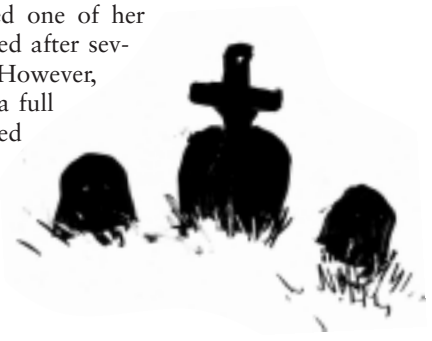
So far the contemporary cases of lycanthropy have been much gentler, both in manifestation and in treatment. In the early 1970s, a farmer let his beard grow, believing it was fur. His other symptoms included howling, sleeping in cemeteries, and lying down in front of oncoming traffic. When the doctors discovered brain abnormalities and prescribed antipsychotic medicine, he aban-



doned his lycanthropic beliefs.

A soldier became convinced of his werewolfism after taking LSD. He felt fur growing on his hands and wished to devour live rabbits. A sign reading FEEDING TIME in the mess hall led him to believe that other people knew about his transformation. The patient improved with drug counseling, but after watching *The Exorcist*, he experienced a bout of demon possession.

Intercourse with her husband caused one woman to suffer an episode of lycanthropy in which she growled and scratched at the bed for two hours. She also thought that a wolf's eye had replaced one of her own. The condition disappeared after several weeks of hospitalization. However, she did relapse briefly during a full moon, writing that she intended to haunt graveyards in search of the partner she desired. Her husband was not quite hairy enough to satisfy her longings. ■



SELLING THE WAR
Confessions of a Video Editor

"Make it exciting, like a movie trailer." A producer working for CBS News imparted these directions to me. My mission was to compile a three-minute video of the network's coverage of the war in Iraq, to be projected at Carnegie Hall for CBS's annual upfront meeting. Each year the networks put on these glitzy events to unveil their fall schedules and sell ad space—about $8 billion worth this year. I had done promotional work for CBS before, but this gig was special: this was history in the making and a chance for me to take part in the network's presentation of these literally earth-shattering events to its sponsors. The results were not pretty. Although I was not explicitly instructed to make the piece pro-war, the word *exciting* ensured that the end product would be a glorification of the American military machine, and a violation of my most deeply held values. But, as they say, it's a living.

In almost ten years of editing advertisements and network television, I've drawn an imaginary line between what I will and will not work on, based on my own tenuous moral criteria. I have agreed to work on ads for telecom and fast-food companies, but not for the biotech or cruise-line industries. I've exploited footage of murder victims for cop shows, but refused ABC's *Extreme Makeover* (a self-improvement-through-plastic-surgery series) as beyond the pale. Appropriating war imagery makes me especially squeamish. For an early job creating a "test spot" for a nasal-spray commercial, I superimposed the copy "Natru-Vent declares WAR on your stuffy nose" over actual World War II archival footage. I asked the old guy who owned the editing facility if he didn't find the use of this footage a little tacky. "Not at all," he boomed, "I was in the war, and it doesn't bother me one bit!"

Advertising is incredibly literal. Images are pulled from their previous context and used in a new but slightly familiar way. So if the copy mentions the word "war," the images should be war footage—never mind the bad taste of mining real tragedy to sell a product. I've learned not to raise my voice about such nebulous, obscure qualms—producers usually just stare at me blankly. Had I more integrity, I wouldn't accept these jobs; had I less, I wouldn't worry about it. Instead, while painfully conscious of the influence of images, I often feel powerless to subvert them—the medium being the message and all that. And I've got to pay my cable bill somehow.

The latest CBS job posed just such a challenge. My task was to create a breathtaking compilation of the dangerous and heroic exploits of the Iraqi campaign's "embedded" reporters. The video would show at the beginning of CBS News' presentation, after which the reporters themselves would trot on stage, led by anchor Dan Rather. Another team across town was working on a second war video that would close the presentation. I felt my piece should have some journalistic integrity; these were real events, after all, being presented

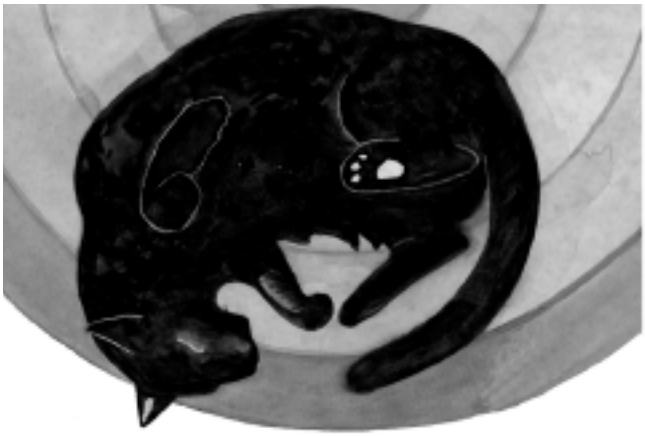
to the people who at some level decide whether and how the world should see them.

My bias toward fairness was pure sentimentality. I also knew what the network wanted: a movie trailer that would make Jerry Bruckheimer proud. I therefore chose military-themed music from the movie *The Hunt for Red October,* timing the picture so that every timpani drum roll was accompanied by shots of swarming Apache helicopters and rumbling columns of M1 Abrams tanks. Each image flashed on screen and quickly faded to black, an editing trick I especially liked in the *Matrix Reloaded* trailers. Over a series of drum hits I flashed close-ups of an American soldier staring into the distance and a woman in a black chador looking down as she starts to cry. I superimposed the fiery plume of a tomahawk missile in flight over the woman's face to simulate a falling tear. Then, as the music crescendoed, missiles struck buildings in Baghdad with big, glowing explosions. Cool. Sound bites from the reporters followed: "We are in a massive field of battle." "We're forced to wear our chemical suits, gas masks at the ready." "Coalition forces have taken Saddam International Airport."

The already tired shot of an enormous Saddam statue toppling into dust seemed like the natural big finish, but I purposely mixed it into the middle of the piece because I felt climaxing with that shot provided a pat finality that ignored the inevitable struggle in occupying and rebuilding Iraq. I was promptly told to move the shot to the end and to incorporate more footage of reporters under fire—Scott Pelley, in his khaki flak jacket, crouching behind cover as he intoned, "Fox Company is taking fire from enemy positions just over that berm," illustrated perfectly that "CBS was there."

I was puzzled by my task for a number of reasons. While I respected the correspondents' bravery, it seemed untoward for the network to advertise that it put its employees' lives at risk, especially at a time when reporters and writers worldwide continued to be targeted and killed. From a business perspective as well, one would think CBS should deemphasize its war coverage. Ratings fell during the conflict as the networks interrupted their usual escapist fare with grave-sounding updates of minutiae from the front, and the news junkies switched to cable for their fixes. So it must have been an attempt to promote *CBS News*' prestige—the continuing tradition of Edward R. Murrow, Walter Cronkite, and yes, Dan Rather—that prompted them to give the war such prominence in the meeting.

But much of the CBS "embedded" war coverage was embarrassing to watch. The reporters seemed to revel in their newfound military importance. They stared into the camera with steely determination, their heads engulfed in oversize helmets as they aped the jargon of their protectors: "enemy units," "recon," "mopping up"—all the while sealed in their armed divisions, unable to elucidate the wider context of the events they



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"It's not for everybody."

were witnessing. The tone was shrill and yet reassuring. In one report, as a young soldier headed out the door after a "stand up" on-camera interview, reporter Byron Pitts wished him "Godspeed" (an acceptable sentiment, but cringeworthy in an edited report). What's worse, reporters dismissed events that didn't mesh with the conventional line. As he arrived with army infantry in the destroyed town of Kifl, its streets filled with burned out vehicles and shattered storefronts, Jim Axelord delivered this nugget, his voice rising on key words to emphasize his astonishment:

And in one store, the kind of bizarre, *incongruous image you have to see to believe. It's inside Adam's barbershop: an image of the Twin Towers. But it's not a trophy painting of the destroyed towers; it's more like some kind of* glorification *of them.*

Bizarre? Only if you think that every Iraqi celebrated on September 11. I swiveled in my chair, hoping to share my outrage with someone—one of the producers, perhaps. But I had been left alone with my task to make this footage "exciting" for the advertisers. I marked a shot of a tank rolling down the street in front of the barbershop and moved on.

Finally, I came upon a report that examined Iraqi civilian casualties up close. Correspondent John Roberts reported on dead and wounded Iraqi civilians found by a highway north of an-Nasiriyah, their minivan "riddled with small arms fire." An American medic was bandaging a small boy. The boy's wounds seemed light, but others in the van—most likely members of his family—had been killed. His arms outstretched, the boy begged the medic, as Roberts revealed in voice-over, "not to throw anything at us again." Despite the boy's plea, Roberts dutifully noted that "no one is sure" who fired on the van, "if it was U.S. guns or the Iraqi military shooting its own citizens." I skipped this scene. Not exciting or dangerous enough.

Having finished the revisions and juiced up the video with crackling gunfire, bassy explosions, and breathy rocket whooshes, I was told that the higher-ups in the network liked the piece. While I was transferring the final work to tape, a producer showed me the video that would bookend mine as the finale for the news presentation. The other team's piece was quite different than mine in style and intent—it was composed with an entirely different set of clichés. It featured no sound effects, and every scene was in slow motion. To the strains of "God Bless America" sung by Celine Dion (a Canadian!), flags waved, fighter jets launched, soldiers saluted, Iraqi crowds smiled at the camera, and in a moment that made me jump, an Iraqi boy reached out to hug a marine medic. The boy was the same one from John Roberts's report, at the exact moment when he extended his arms and pleaded for his life. Slowed down, it looked like the boy was embracing the soldier. That was really too much. What kind of editor would assemble that footage so shamelessly? Certainly not me. That's where I draw the line. ■

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POP QUIZ

ANSWERS ON PAGE 58

1. In a 1959 *Look* magazine article about the "new" Cary Grant, the actor attributes his stronger personality and the fact that "young women have never been more attracted to me" to:

a. Electroshock
b. Psychosurgery
c. Hydrotherapy
d. LSD

2. Members of which profession are required by the federal government to retire if they start taking an antidepressant?

a. Presidential bodyguards (Secret Service)
b. Interstate truckers
c. Commercial pilots
d. Corrections officers
e. Federal judges

3. A pioneer in the psychology of packaging design, Louis Cheskin once tested color schemes by sending three underarm deodorants to experiment subjects. The deodorants were, in fact, identical—only the color of the packaging varied. How did people respond?

a. Subjects preferred the first deodorant tested, regardless of color scheme
b. Subjects preferred the second deodorant, finding that the first one irritated the skin and the third one was strongly aromatic but ineffective
c. Subjects did not notice a difference between deodorants
d. Subjects preferred whichever deodorant was packaged in their favorite color

4. Which of the following practices are regularly used in police investigations but primarily for public relations—i.e., because citizens educated by cop shows expect it?

a. Dust for fingerprints
b. Show the victim mug shots
c. Show the victim lineups of potential culprits
d. All of the above

8. What became of Lt. Robert Lewis, the co-pilot of the *Enola Gay* (the plane that dropped the atom bomb on Hiroshima)?

a. He was imprisoned by the State Department for airing his reservations about Hiroshima
b. He plunged into depression, was institutionalized, and committed suicide shortly thereafter
c. He built an enormous sculpture of a mushroom cloud with a single tear cascading down one side, then exhibited the work in major museums across the United States
d. Toward the end of his life, he married one of his Japanese victims

6. True or False: A study conducted in 1998 by the *New Yorker* found that people would prefer to have their children turn out to be "homosexual, involved in a stable, happy relationship, and have children" than "heterosexual, childless, and unmarried, or somewhat unhappily married."

7. In ancient Greece, what was Chrysippus of Cnidus' remedy for melancholy?

a. More cauliflower, less basil
b. To prevent excessive sperm loss, a mixture of ginger, honey, pepper, and epithem, to control wet dreams
c. More sex with another person
d. To stop the airy feeling of melancholy, wear a lead helmet to remind yourself that you have a head

8. What 1970s guru later became a successful lyricist, penning the words to Celine Dion's hit "The Colour of My Love"?

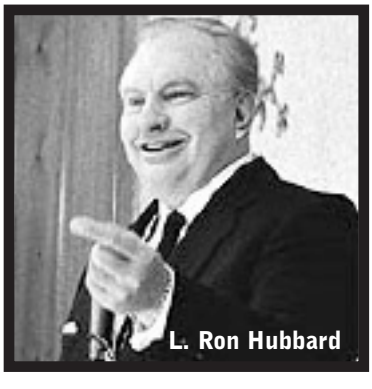
a. Werner Erhard, founder of est
b. Arthur Janov, inventor of primal scream therapy
c. L. Ron Hubbard, science-fiction author and founder of the Church of Scientology
e. Thomas Harris, author of *I'm OK, You're OK*

9. "[A]n octopus, trained for a circus . . . had been accustomed to doing tricks and being rewarded with food. When the circus disbanded, the octopus was kept in a tank and no one paid any attention to its tricks. He gradually lost color (octopuses' states of mind are expressed in their shifting hues) and finally went through his tricks a last time, failed to be rewarded, and used his beak to stab himself so badly that he died." This true story is:

a. Taken verbatim from Andrew Solomon's book, *The Noonday Demon*
b. *Stay Free!*'s favorite heart-rending animal anecdote
c. Something that a children's book author should run with
d. All of the above

10. Which of the following entertainments were not available at the U.S. launch of a major antidepressant?

a. A live orchestra performing "Get Happy," followed by Depeche Mode's "People Are People"
b. At the national aquarium, a "Stingray Feeding and Presentation for Special Guests and Their Families"
c. Gigantic photos of the Grand Canyon
d. A wall of bricks, each labeled with the name of a competing drug, which was shot down by rainbow lasers in the form of the new product's logo, while the orchestra played Pink Floyd's "The Wall" and dancers wearing helmets and holding pickaxes did a jig



L. Ron Hubbard

MY NEW FAVORITE THING

***Travel Naturally* magazine**
Issue #45

I was first drawn to *Travel Naturally* for the same reasons anyone would be: the promise of Mediterranean vistas, insight into the nudist lifestyle, and, of course, photos of naked people. But browsing its pages raises a lot of questions: If the goal is natural living, why are there so many shaved bikini lines? Why do the same six or so people reappear throughout the magazine? And if nudism is, as nudists often claim, not meant to be sexual, why are there so many voyeuristic videos for sale? I mean, how exactly is sitting in front of a television watching *Naturalist Buddies* ("The BEST male footage," featuring "Holiday Youth Party" and "Body Art Jamboree") or "1999 Junior Miss Pageant" supposed to get me in touch with nature?

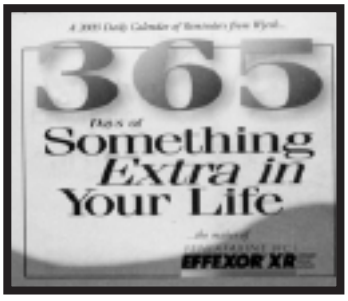
These concerns aside, *Travel Naturally* is, as it turns out, a promotional vehicle for a California-based travel agency. Still, there's more here than tour packages and child porn. My advice to the editors: fewer naked children, more nude middle-aged men with backpacks. And NEWS, more news, like the brief about a plot by teenage boys in Connecticut to run naked through a local convenience store. Then there are the TNT!MEN: Totally Naked Toronto Men Enjoying Nudity—they held a parade to protest public-nudity laws. Another story recounts a mishap during a hockey game, when a man wearing only his red socks ran out on the ice, fell, and had to be carried away on a stretcher.

Such stories, threaded with goofiness and carnivalesque politics, are something everyone can appreciate—even if you don't get off by watching naked people play volleyball.
—*Carrie McLaren*

***365 Days of Something Extra in Your Life* (Wyeth Pharmaceuticals)**

When our future Islamic overlords are sifting through the ruins of our civilization for clues to what made us tick, they could do worse than to start with *365 Days of Something Extra in Your Life,* a promotional page-a-day calendar for Wyeth's antidepressant/antianxiety drug Effexor. With a slogan in the imperative for every page, each designed to stimulate or simulate happiness, the calendar is a study in conventional contentment. The day-brightener for January 1 sets a high bar for your ambitions: "Resolve to work for peace on earth." Once that's taken care of, by January 2, you're ready to "Ski the best resorts this winter."

The calendar's commentary ranges from the inexplicable ("Visit Texas and buy a 10-gallon hat"), to the quasi-threatening ("Always ride the roller



coaster at an amusement park"). At times, the calendar lets slip an indication of a mind-set that is scary. "Don't be afraid!" says one page. "Paint your living room your favorite color!" Okay!!!

Wyeth's *365 Days* actively encourages you to deceive yourself and others about how happy you really are. At Christmas, you are supposed to "make everybody feel like they gave you the perfect gift." Escaping from the crushing agony of depression is not enough; things have to be *perfect.* The entry for September 11, which I imagine induced a crisis meeting of Wyeth's copywriters, is particularly disingenuous: "Let's fly our colors proudly as one nation united." It's not just that it's okay to be depressed on that day. Wouldn't it be a little creepy *not* to be depressed? This kind of shrill optimism, in which bad things are simply papered over and everything is just great, all the time, actually sounds a little unhealthy.

Here's the thing: Every shred of evidence from thousands of years of human history indicates that life mostly sucks. Sometimes, it really sucks, and sometimes it just kind of sucks, and sometimes, just sometimes, it doesn't suck at all. In fact, sometimes life is as great as Wyeth wants you to think it can be. But Wyeth shouldn't be in the happiness business; it should be in the antidepression business. There's a lot of ground between wretched misery and ecstatic elation, those zones and tropics of humdrum okayness or not-so-goodness or ain't-half-badness that most of us live in. —*J. M. Tyree*

Found Magazine

Because the following note was placed on the wrong windshield, it ended up in *Found Magazine*, a compilation of letters, to-do lists, journal entries, doodles, snapshots, report cards, and

a million other objects happened upon by total strangers:

Mario,

I fucking hate you you said you had to work and then whys your car HERE at HER place? You're a fucking LIAR. I hate you I fucking hate you.

Amber

P.S. Page me later

Thanks to people like Amber who misplace things and people like Davy Rothbart who pick them up, *Found* is my new favorite page-turner. Every item in Rothbart's carefully curated magazine tells a great story that is refreshingly beyond the narrative-commercial complex. — *Alexandra Ringe*

Elaine S. Abelson, *When Ladies Go A-Thieving: Middle-Class Shoplifters in the Victorian Department Store*, New York: Oxford University Press, 1989

The middle- and upper-class white women discussed in Abelson's book made for unlikely criminals—and that was the problem. Shoplifting from department stores was rampant among the "noble" classes in late 19th and early 20th century America, but the authorities didn't know what to do with the lawbreakers. Ladies, by definition, could not be thieves, and so the only option was to consider shoplifting an illness. Doctors therefore created "kleptomania," allowing both culprits and stores to maintain an air of respectability.

Abelson's evenhanded and accessible social history provides a glimpse into the golden age of the department

store and some of the contradictions contained within. At the time, shoplifting was seen as yet another sign of the emotional instability of women, but Abelson carefully places the crimes in a social context in which women were responsible for doing all the household shopping yet were given no control over how money was spent. According to feminist tracts from the period, every expense down to the last spool of thread had to be explained and justified to the husband. Abelson quotes one woman who reminisced: "In my girlhood we spoke with awe of my contemporary, Louise de Loven, who had a bank account and could sign checks!"

Moreover, many stores had a deliberate policy of encouraging women to buy more than they could afford. In 1895, the *Dry Goods Economist* reported that successful retailing rested on the ability to "sell goods when a customer is supposed to be through with her purchasing; to sell a customer something she had not the remotest idea of buying." Clerks were taught to tempt customers, and in-store displays were designed to play on their impulses. Stores also used deceptive marketing tactics, such as hiring people to dress rich and stand transfixed before window displays, as if considering a purchase.

Though shoplifting led to huge losses in sales, the department stores resisted taking actions to curb theft. Some had learned the hard way that apprehending highly respected upper-crust community members wasn't such a good idea. Other shoppers tended to believe the suspect's denials and would accuse the store of thuglike police

MY NEW FAVORITE THING CONTINUED

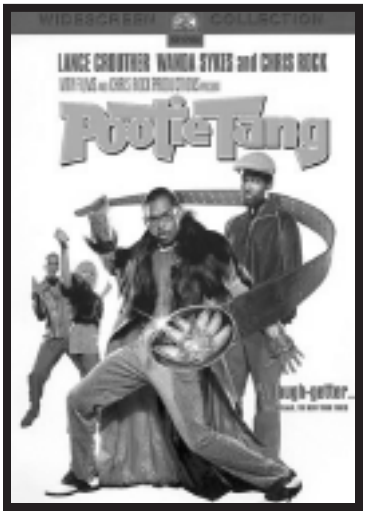
tactics. According to a newspaper account in 1899, "high class stores would rather lose hundreds of dollars than be associated in the public mind with police court trials and sensational arrests." Considering the brouhaha surrounding Winona Ryder's escapades at Saks—and the "Free Winona" T-shirts made in her defense—I suspect that very little has changed. —*Carrie McLaren*

Pootie Tang
VHS, 81 min.

When *Pootie Tang* came, and went, in July of 2001, it was received with less fanfare than Chris Rock's previous movie, the ill-conceived *Heaven Can Wait* remake *Down to Earth*. The few who did see it were treated to a fast and funny script, stellar casting, and some great subversion of the mainstream. The film effectively pokes fun at corporate greed, portrayals of black sexuality, and marketing hype without coming off as dogmatic or shrill.

Lance Crouther plays the titular Tang, a man too cool for words—literally, he speaks in a dialect unlike any known language—who fights crime when he's not running his successful Chicago nightclub, recording number-one hits, or filming public service announcements encouraging children to eat vegetables and say no to cigarettes and malt liquor. When Dick Lechter, the head of Corporate America (played by Robert Vaughn) takes notice of plummeting sales, he attempts to buy Tang off.

Ultimately, Pootie Tang is a hero not so much for kicking ass and loving ladies, as for respecting women (mostly), resisting the financial lure of marketing black coolness and...okay, he is a hero for kicking ass, but he does it in a cartoonish way. His temporary downfall comes not from a beating at the hands of his nemesis but from the public's perception that he has sold out and turned his back on his values.



Pootie Tang doesn't leave you hanging on the edge of your seat until the conclusion, but it propels you from scene to scene so you can enjoy the charismatic Crouther interact with Rock—who plays two roles, Pootie's friend and his father—as well as a talented cast of comedians, including David Cross, Todd Barry (as seen on the cover of *Stay Free!*), and Andy Richter. If nothing else, Pootie Tang is worth seeing for a hilarious performance by Wanda Sykes and the best pie-related love scene ever filmed. —*Joe Garden*

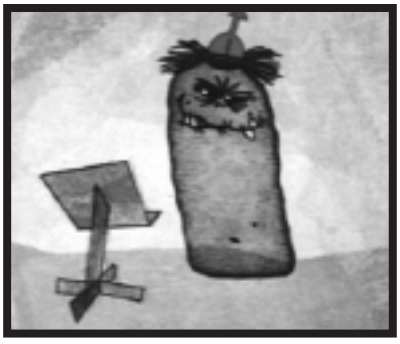
FeralChildren.com

After watching his dad murder his mom, John Ssebunya—then a toddler living in Uganda—fled into the woods, where he was adopted by vervet monkeys. A few years later, adults spotted him, pried him away from his adopted family, and reintroduced him to the human world. Now 15 years old, John still exhibits a few monkey mannerisms, but he has proven himself adept at the activities his human friends admire. He sings in the Pearl of Africa Children's Choir and played soccer in this summer's Special Olympics.

You can read about John's case and others on FeralChildren.com, a site devoted to children who grew up without the support of other humans. Some were victims of child abuse. "Wild Child" Genie, for instance, spent her childhood locked in a bedroom; Anna was kept in an attic. But the most interesting cases are the kids raised by animals. Traian

Caldarar ran away from home in Romania and was found last year eating a wild dog. When discovered in 1996, the "Nigerian Chimp Boy" dragged his arms on the ground, made chimpanzee-like noises and clapped his hands over his head in the way that apes do. Shamdeo was raised by wolves, bore sharpened teeth, ate his meat raw, and preferred darkness to daylight; found in May 1972, he eventually learned sign language.

The details on FeralChildren.com are sometimes sparse, and you have to take it all with a bit of skepticism (though Ssebunya makes for a damn convincing monkey boy). Nevertheless, the articles and interviews linked from the site provide fascinating insights into the human condition. As these stories indicate, many of the habits that we consider natural or innately human are in fact cultural or socially taught. Though their circumstances differ widely, feral children tend to have a hard time not only speaking, reading, and writing, but also walking, sitting, standing, smiling, and crying. (Genie, for example, expressed very little emotion and exhibited a curious "bunny walk.") They tend to move as animals do, and their bodies adapt accordingly, developing muscles and joints accustomed to walking on all fours. Many children also seemed impervious to rain or changes in temperature—one boy delighted in playing in the



snow while nude—suggesting that our sensitivity to temperature is culturally influenced.

These findings have limited scientific value, as many of the abandoned children were probably retarded or otherwise disabled in the first place. Still, the site reminds me of primatologist Frans de Waal's work. De Waal has spent years documenting the habits that animals teach one another. In certain parts of the world, monkeys wash potatoes, fish for ants, and rub stones together—practices they learned from their mothers and peers. By prodding us to acknowledge that we are animals ourselves, FeralChildren.com slyly suggests that howling may be no more natural to wolves than singing show tunes is to humans. —*Carrie McLaren*

VD Attack Plan (1973)
Available for free downloading at www.stayfreemagazine.org

I never thought I'd hear the phrase "pain during urination" in a Disney movie. That's just one of several delights to be found in *VD Attack Plan*, an animated educational short starring a limbless but fierce commanding officer in charge of gonorrhea and syphilis germs. Sporting pockmarks, snaggleteeth, and a Kaiser helmet, the general rallies his troops against us humans, ordering them to "Maim 'em for life!" The soldiers, each of whom wears a beret marked with an S or a G, cackle as he shows them where to invade the Homo sapiens form and the nasty havoc they will wreak there—be ready to shield your eyes at the mention of the word *chancre*.

The Walt Disney Educational Media Company clearly did not have the same budget as *Snow White* or *Bambi;* nevertheless, the film features trademark Disney craftsmanship. Among the crowd of snickering germs, individual germs snicker in their own particular ways, and the score, with its oboes, bongos, and strings, is perfectly militaristic and sinister. I certainly learned (and retained) my lesson from *VD Attack Plan*—it is so much more compelling than the typical STD movies in which stern doctors try to scare the libido out of teenagers.

Disney's decision to present the germs' POV makes it truly radical for 1973, not to mention for Disney movies in 1973 (and today): No one has to feel guilty about sex, just prepared to ward off disease. Moreover, the germ sergeant mentions homosexual contact in the same breath as heterosexual contact in his list of attack methods for syphilis and gonorrhea. According to educational film archivist Skip Elsheimer, ten years passed before another VD film admitted that STDs can be transmitted through anything but male-female nookie. (Read Elsheimer's essay about *VD Attack Plan* at www.othercinema.com/otherzine/ozissue2/vd.html.) —*Alexandra Ringe*

Matt Taibbi's "Cage Match" column

I first heard of Matt Taibbi when he threw a pie made of horse semen at *New York Times* reporter Michael Wines. That was 2001, when Taibbi was editing the Moscow-based alternative newspaper *eXile*. Now he's on our side of the Atlantic, living in Buffalo, New York, and writing a weekly column for the *New York Press*. Ostensibly focused on media and politics, Cage Match doesn't really explain much about either, but Taibbi's stories are so entertaining that you don't even notice. Barely able to conceal his rage over the state of the nation, Taibbi often fantasizes about maiming famously incompetent pundits and politicians. In one column, aliens insert a giant illuminated spike up the ass of Senator John Kerry. In another, Russian mobsters arrest Fox News chief Roger Ailes and chop off his head on live television. George Bush, Taibbi writes, "should be hung up by his balls...grabbed from behind, restrained, forcibly stripped below the waist, and a big hook should be pushed through his scrotum."

Sometimes I can't help wishing that Taibbi would go even further: What exactly should be done with Bush's scrotum—baked or fried? Sliced or minced? But usually he gets it just right, as in the case of *New York Times* reporter Neil Lewis, who wrote about the ice cream "treats" and free antidepressants that the U.S. military give detainees at Guantanamo Bay without mentioning the substantial human rights abuses there:

Just wait for him as he gets out of work in Manhattan one morning, shoot him with a big net gun. Then, right in front of everybody, throw a sack over his head, tie his hands together with brambles, parade him through the streets like an animal, and finally toss him in the backseat of my '93 Grand Am, parked in the NYPD zone on 43rd. And head north . . .

If only the rest of the left-leaning press were so entertaining. —*Carrie McLaren*

ILLNESSES AROUND THE WORLD CONTINUED FROM PAGE 29

"Some cultures are more fascinated (and amused) by the startle response than others, making people who are easily frightened objects of attention."

Source: *New York Times Magazine*, May 6, 2001

Brain fag, or brain fog
Origin: West Africa

"Brain fag" is one of those phrases you would expect to see in 1930s advertisements along with housework fag and smoker's fag. (*Fag* is short for *fatigue*.) But in this case, the fag is primarily experienced by stressed-out students in Nigeria and other parts of Africa—a reaction, it is said, to the alien pressures of Western-style book learning. Symptoms include difficulties in concentrating, remembering, and thinking, as well as burning or crawling sensations under the skin and visual disturbances. *Studiation madness* is a term used in Trinidad for a similar syndrome.

Source: *Pulse*, June 3, 2002

Anorexia nervosa, bulimia nervosa
Origin: North America, Western Europe

Yeah, we already know about anorexia and bulimia, though we may confuse the two (bulimia is the one where people binge and vomit; anorexics simply starve themselves). That's because modern eating disorders are a response to that tall, skinny woman who appears everywhere on magazine covers, billboards, and television, beckoning young women to look like her. Anorexia and bulimia occur overwhelmingly in countries with advertising-driven mass media: the U.S., Canada, Europe, Australia, Japan, New Zealand, and South Africa. For those unconvinced of the media's impact, the example of the Fiji Islands provides a case in point. Prior to 1995, there was no television in the South Pacific nation, and the beauty ideal was curvy: to insult someone, you called her "skinny legs." But a few years after the introduction of television, girls in Fiji started dieting and showing signs of eating disorders.

Amok, or mata galap
Origin: Malaysia

The phrase "running amok" comes from this syndrome. The victim, known as a *pengamok*, suddenly withdraws from family and friends, then bursts into a murderous rage, attacking the people around him with whatever weapon is available. He does not stop until he is overpowered or killed; if the former, he falls into a sleep or stupor, often awakening with no knowledge of his violent acts. The pengamok is almost always a man between the ages of 20 and 45; there is only one female pengamok on record.

Some psychiatrists attribute amok to Malaysian culture's combination of extreme indulgence of young children and extreme restrictiveness for adolescents. As a result, the young men might stifle their feelings of hostility and also might blame others for their difficulties, leading them to lash out. According to social psychologists, a victim might suffer from amok after a loss of social status or another major life change.

Since the 1930s, amok has occurred rarely in Malaysia, and the few contemporary cases have been in rural areas far from modern influences. But the disorder, or something similar, has cropped up more recently in the Philippines, Thailand, Laos, and, one might argue, the United States.

Source: *Manias and Delusions*, Time/Life Books, 1992

BUYER BEWARE CONTINUED FROM PAGE 33

by the laws of the State of New York once I reached the age of 18. I await phase three of my experiment, to commence sometime after the year 2030, when this writer's presumed senescence will be the cloak under which to resume operation, and there will be an even wider palette of items to foist upon a new generation of shoppers.

QUIZ ANSWERS FROM PAGE 53

1. D. Elliot S. Valenstein, *Blaming the Brain*, p. 14.

2. C. Andrew Solomon, *The Noonday Demon: An Atlas of Depression*, p. 360.

3. B. Thomas Hine, *That Total Package*, p. 212.

4. D. Frank Mankiewicz and Joel Swerdlowp, *Remote Control*, p. 256.

5. B. *Cabinet*, Summer 2003, p. 13. Lewis was reprimanded but not imprisoned by the State Department. And though he is known to have created a giant mushroom-cloud sculpture while in therapy, it was not widely exhibited.

6. False. *Noonday Demon*, p. 205.

7. A. The other answers were the remedies of other doctors of that period: B was Philagrius' remedy; C was the anti-Philagrians' remedy; D was Philotimus' remedy. *Noonday Demon*, p. 288.

8. B. Joyce Milton, *The Road to Malpsychia: Humanistic Psychology and Our Discontents*, p. 185.

9. D. *Noonday Demon*, p. 257.

10. A. Tears for Fears' "Everybody Wants to Rule the World" was played after "Get Happy," not the Depeche Mode song. *Noonday Demon*, pp. 395–396.

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Stay Free! is an independent magazine exploring American media and consumer culture. *Stay Free!* is published once a year (more or less). If you would like to contribute to the magazine, write a letter pitching your idea and send pertinent samples of your work.

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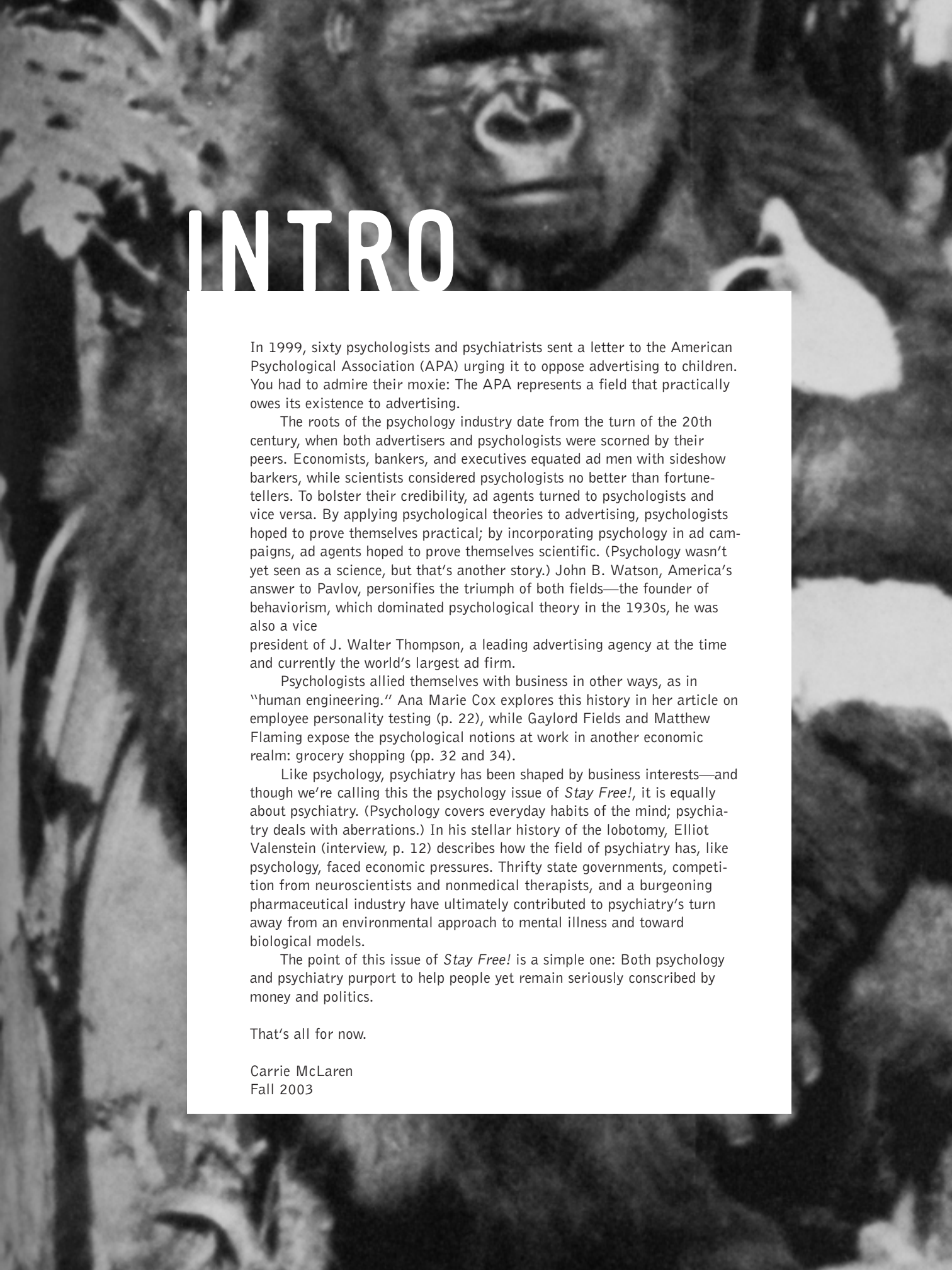

INTRO

In 1999, sixty psychologists and psychiatrists sent a letter to the American Psychological Association (APA) urging it to oppose advertising to children. You had to admire their moxie: The APA represents a field that practically owes its existence to advertising.

The roots of the psychology industry date from the turn of the 20th century, when both advertisers and psychologists were scorned by their peers. Economists, bankers, and executives equated ad men with sideshow barkers, while scientists considered psychologists no better than fortune-tellers. To bolster their credibility, ad agents turned to psychologists and vice versa. By applying psychological theories to advertising, psychologists hoped to prove themselves practical; by incorporating psychology in ad campaigns, ad agents hoped to prove themselves scientific. (Psychology wasn't yet seen as a science, but that's another story.) John B. Watson, America's answer to Pavlov, personifies the triumph of both fields—the founder of behaviorism, which dominated psychological theory in the 1930s, he was also a vice
president of J. Walter Thompson, a leading advertising agency at the time and currently the world's largest ad firm.

Psychologists allied themselves with business in other ways, as in "human engineering." Ana Marie Cox explores this history in her article on employee personality testing (p. 22), while Gaylord Fields and Matthew Flaming expose the psychological notions at work in another economic realm: grocery shopping (pp. 32 and 34).

Like psychology, psychiatry has been shaped by business interests—and though we're calling this the psychology issue of *Stay Free!*, it is equally about psychiatry. (Psychology covers everyday habits of the mind; psychiatry deals with aberrations.) In his stellar history of the lobotomy, Elliot Valenstein (interview, p. 12) describes how the field of psychiatry has, like psychology, faced economic pressures. Thrifty state governments, competition from neuroscientists and nonmedical therapists, and a burgeoning pharmaceutical industry have ultimately contributed to psychiatry's turn away from an environmental approach to mental illness and toward biological models.

The point of this issue of *Stay Free!* is a simple one: Both psychology and psychiatry purport to help people yet remain seriously conscribed by money and politics.

That's all for now.

Carrie McLaren
Fall 2003

WORLD VIEW

In the video game Saints of Virtue, players don the full armor of God to overcome vanity and other enemies hidden in their hearts; in Charlie Church Mouse! kids act out 3-D Bible stories. These and other Christian video games, sold for the PC, are becoming popular as small Christian software companies learn from the mistakes of older Christian games: play down the preaching, play up the excitement. Jim Boyle, a college freshman and a lifelong gamer, says he likes Saints of Virtue and similar games because he "was getting tired of the market being filled with blood and gore games." But not every Christian is completely satisfied—customers complained to Sunday Software about its game Joseph's Story because the woman archaeologist's shorts were too revealing. (*Wall Street Journal,* 12/17/02)

Climate control technicians admit to putting fake thermostats in offices in order to curb employees' "annoying" requests to adjust the air temperature. Other gizmos are often used to give us the illusion of control, such as the close-door buttons in elevators and the walk-signal buttons at intersections. Some of these knobs and buttons served a purpose at one point but have been disassembled from the inside to serve as a placebo. (*Wall Street Journal*, 1/15/03)

The Children's Services Ministry of Alberta is considering selling advertising on its website. If the plan goes through, pitches for Coke and Petco may end up next to the smiling faces and profiles of orphans available for adoption. Since it was launched in February 2003, the site has ignited controversy for its market-centered approach to child welfare. The profiles of needy children—intended to attract potential parents—include kids' personal habits, video clips, and photos. (*Canadian Press*, 5/13/03)

At Wal-Mart, McDonald's, Lowe's, and other corporations, employees are now being offered new "limited benefit" health insurance plans—policies that cap basic benefits at $1,000 per year. Employees pay about $10 a week for a typical plan and a $10 copayment for doctor visits—in other words, at least $500 a year for a plan that offers at most $1,000 of coverage. At an insurance industry gathering in Las Vegas last year, agents erupted into laughter when an insurance company executive explained a limited-benefit plan offered by Star Human Resources. "The annual cap is $1,000. That's not the deductible," said the executive from Dallas insurer UICI, which had just acquired Star. He told agents not to laugh. Economically, the potential customers "are at the bottom of the food chain," he said. "I don't want to make fun [of this coverage.]" (*Wall Street Journal*, 5/14/03)

An ad for the Chevrolet Cavalier, circa winter 2002–2003

Traditional summer camps are becoming a thing of the past as many families choose spa-like retreats for the kids. According to a 14-year-old from Maryland, the old-school camps are "immature"; some campers now prefer places where the daytime fun includes massages, yoga classes, and an occasional trip to the mall. Among the more ambitious offerings at such camps are courses titled "Pint-sized Aromatherapy," "Fishing for Intentions at the Bridge of Imagination," and "The Art of Chillin' Out." (*Wall Street Journal*, 6/5/03)

Rick Bronson, a truck driver for Coca-Cola in El Monte, California, was fired for drinking Pepsi. According to Coke's informant, Bronson drank a Pepsi in the backroom of a store to which he was delivering Coke. The company prohibits "slander" against the brand, but the local Teamsters union, of which Bronson is a member, believes that this charge was an excuse to retaliate against Bronson for trying to organize fellow workers three months earlier. Coca-Cola denies the allegation. (*Sydney Morning Herald*, Australia, 6/14/03)

The crew members aboard the Columbia Space Shuttle weren't the only casualties of the February 2003 explosion: two flowers (a miniature rose and an Asian rice plant) were also destroyed. International Flavors and Fragrances Inc. placed the flowers on board in hopes that the ship's low gravity would affect the flowers' scents. The new odors would have been used to sell perfumes and soaps on Earth. Experiments provided by private companies are common on NASA and Russian space missions as a way to offset costs. (*Washington Post*, 3/19/03)

In San Francisco 2002 a man hacked up his landlady, and another man murdered his parents in Virginia this February, both claiming that they had been sucked into "the Matrix." "Free yourself from the Matrix," wrote Lee Boyd Malvo, the accused Washington, D.C. sniper. Defense attorneys are presenting this new blockbuster insanity plea in copycat murder trials across the country. Said Tonda Lynn Ansley, who was found not guilty by reason of insanity of shooting her landlord, "The Matrix . . . is where you go to sleep at night and they drug you and take you somewhere else and then they bring you back and put you in bed. When you wake up, you think that it's a bad dream." (Court TV.com, 5/21/03)

Abercrombie & Fitch claims it does not discriminate when it aggressively recruits "brand representatives" (that is, sales clerks) who resemble the company's "classic American" ideal, which happens to be blond, blue-eyed, physically fit, and, of course, cute. But according to Antonio Serrano, a former assistant manager at an Abercrombie & Fitch store in Scranton, Pennsylvania, "We were supposed to approach someone in the mall who we thought would look attractive in our store. If that person said, 'I never worked in retail before,' we said, 'Who cares? We'll hire you.' But if someone came in who had lots of retail experience but not a pretty face, we were told not to hire them at all."

Although hiring only good-looking people is legal, discrimination on the basis of race, gender, age, or disability is not, and several Hispanic, Asian, and black job applicants in San Francisco are suing Abercrombie & Fitch because they were steered to the storeroom rather than the sales floor. Abercrombie & Fitch is far from the only perp—many other retailers hire on the basis of a particular image. When she was a West Coast sales manager at L'Oréal, Elysa Yanowitz says, the company tried to force her out because she refused to fire a woman whom a top manager described as insufficiently "hot." (*New York Times*, 7/13/03)

STATISTICAL TABLE FROM THE U.S. CENSUS OF 1840

States	Total White population	Insane and Idiots	Proportion	Total Color'd population	Insane and Idiots	Proportion
Maine	500,438	537	1 in 950	1,355	94	1 in 14
New Hampshire	284,036	488	1 in 584	538	19	1 in 28
Massachusetts	729,030	1,071	1 in 662	8,669	200	1 in 43
Vermont	291,218	398	1 in 731	730	13	1 in 56
Connecticut	301,856	498	1 in 606	8,159	44	1 in 185
Rhode Island	105,587	203	1 in 520	3,243	13	1 in 249
New York	2,378,890	2,110	1 in 1,108	50,031	194	1 in 257
New Jersey	351,588	369	1 in 952	21,718	73	1 in 293
Pennsylvania	1,676,115	1,946	1 in 861	37,952	187	1 in 256
Delaware	58,561	52	1 in 1,126	19,524	28	1 in 697
Maryland	317,717	387	1 in 821	151,515	141	1 in 1,074
Virginia	740,968	1,052	1 in 704	498,829	381	1 in 1,309
North Carolina	484,370	580	1 in 835	268,549	221	1 in 1,215
South Carolina	259,084	376	1 in 689	335,314	137	1 in 2,440
Georgia	407,695	294	1 in 1,387	283,697	134	1 in 2,117
Ohio	1,502,022	1,195	1 in 1,257	17,345	165	1 in 105
Kentucky	590,253	795	1 in 742	189,575	180	1 in 1,053
Louisiana	158,457	55	1 in 2,873	193,954	45	1 in 4,310

Using data from the U.S. Census of 1840, statisticians purported to show that the mental health of "coloreds" is better under slavery. Note that in slave-owning states such as Georgia and South Carolina the proportion of black "insane and idiots" appears to be even lower than that of whites. (Originally published in *The American Journal of Insanity*, 10/8/1851; reprinted in Thomas S. Szasz, ed., *The Age of Madness: The History of Involuntary Mental Hospitalization*, 1974.)

As part of the "Let's learn English" wave in Asia, a handful of parents in South Korea and China have sent their kids to plastic surgeons to cut the tissue under their tongues, the idea being that they will have an easier time pronouncing difficult English consonants. But many doctors, like Dr. Chang Shyue-yih at the Taipei Veterans General Hospital, refuse to do the procedure: "The only way to improve pronunciation is to practice."

At her English school in Taiwan, teacher Shi Si-ju wears camouflage fatigues, sometimes with an Afro wig and blackface, as she leads military-style lessons filled with rousing cheers and rap music. According to her website, Shi wants "to make English more fun than playing computer games, and more interesting than the internet."

Celebrities have written guides to learning English, including Dewi Sukarno, the widow of the former Indonesian dictator. Mrs. Sukarno's book explains such matters as how to excuse oneself to go to the bathroom: "May I excuse for a while? I'd like to powder my nose. I wish to be perfect when I'm with you."

And in Tainan, Taiwan, garbage trucks that used to play classical music to signal their arrival now blast English lessons as they enter a neighborhood: "Let's talk in English! How are you? Fine, thank you. Goodbye. See you tomorrow." (*Wall Street Journal*, 9/25/02)

Collegiate Memorials in Macon, Georgia, specializes in selling funeral equipment—coffins, urns, and the like—emblazoned with the insignia of the deceased's college or university. This "expression of loyalty to their alma maters or to their favorite collegiate sports teams," as the company's website puts it, is most popular in the South and the Midwest. (*Hartford Courant*, 2/20/03)

Prozac on the Couch

Prescribing Gender in the Era of Wonder Drugs

JONATHAN MICHEL METZL 296 pages, 37 illus., cloth $24.95

Prozac on the Couch traces the notion of "pills for everyday worries" through psychiatric and medical journals, popular magazine articles, and pharmaceutical advertisements to provide a cultural history of treatments for depression, anxiety, and other mental illnesses.

"*Prozac on the Couch* is a totally fresh and mind-altering work... that challenges us to think about psychiatric medications in ways that are both uncomfortable and inspiring: in other words, in ways that challenge us to change our points of view about what we swallow and why."—Lauren Slater, author of *Prozac Diary*

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Pizza Schmizza in Portland, Oregon, hires homeless people to hold signs that read: "Pizza Schmizza paid me to hold this sign instead of asking for money." For forty minutes of advertising pizza, they get a few bucks, plus soda and, naturally, pizza—all of which amounts to less than minimum wage. According to Andre Johan, the pizza chain's founder, the signs are meant to be funny as well as altruistic: "People don't have to feel guilty [about passing panhandlers without giving them anything] while still appreciating that the person is homeless. It's a gesture of kindness more than anything." (Associated Press, 6/16/03)

Many obese patients are deliberately overeating in order to hit the minimum requirements for weight-loss surgery. Unless they are suffering from a life-threatening condition related to weight, patients have to be at least 100 pounds overweight or have a minimum body mass index of 40. While most insurers cover the operations for those who meet these criteria, they won't pay for medically supervised weight-loss programs for people who don't. (*Wall Street Journal*, 7/8/03)

At least three software companies are developing programs for businesses to utilize "relationship capital"—that is, to wrest value from their employees' personal contacts. These programs, two of which are supposed to go to market by the end of the year, analyze computerized address books, instant-message buddy lists, electronic calendars, and email correspondence; they look for workers who have useful contacts elsewhere, evaluating not only domain names and job titles but also the frequency of communication between the worker and the contact. The aim is to find people who can make personal introductions to, for example, potential customers.

"On the surface, yeah, it's Big Brother looking over your shoulder," says Stan Wasserman, a University of Illinois professor and expert in social-network analysis who is working with Visible Path on its Relationship Mining Engine. But Mr. Wasserman and other software consultants say that the programs contain safeguards for employees to retain control of their contact relationships—including the option of ignoring the request to make an introduction. None of them said anything about letting employees opt out of the program altogether. (*Wall Street Journal*, 8/4/03)

Anal-yzing Car Consumption

Here's a road-trip game that won't exactly change the world but will at least give you a laugh at SUV drivers' expense. Take almost any SUV model (the Ford Explorer, for instance), add "Anal" to the title, and—presto!—you have the Anal Explorer, or the Anal Rodeo, or whatever. There's something about SUVs that makes them more conducive to this semiotic game of revenge than cars (the Anal Civic doesn't really work, nor does the Anal Camry). That's because most SUV names are all about dominance and penetration: of nature, puny cars, or pedestrians. If SUVs are the tops of the vehicular world, then I guess that makes the rest of us bottoms, and if you've ever had an Anal Blazer on your ass, then you know what I'm talking about.

Top 10 SUVs

The Anal Navigator
The Anal Explorer
The Anal Excursion
The Anal Pathfinder
The Anal Blazer
The Anal Expedition
The Anal Trooper
The Anal Rodeo
The Anal Wrangler
The Anal Charger

On a recent road trip across the U.S., I noticed the same dynamic happening with RVs, which (with their gas guzzling, massive size, and dangerous road behaviors) are exponentially more obnoxious than SUVs. And eight times out of ten, during the summer you'll find an RV hauling an SUV, which means you might see an Anal Wrangler mounted behind an Anal Prowler.

Top 5 RVs

The Anal Vacationer
The Anal Executive
The Anal Prowler
The Anal Jamboree
The Anal Revolution

—*Kembrew McLeod*

In some poor parts of Brazil, local politicians finance tubal ligations for women in exchange for their votes. Among other petty bribes and favors, tube-tying is a reliable vote getter, as many women in these areas can't afford a private operation, don't want to deal with the long waits inherent to the public health system, or have husbands who refuse to get vasectomies. (*Wall Street Journal*, 6/13/03)

Anti-Americanism may be reaching new heights, but for McDonald's restaurants around the world, protests are old hat. Activists in more than 50 countries have been targeting the restaurant as a symbol of U.S. excess for over a decade, forcing McDonald's franchises to try a number of marketing tricks:

INDONESIA 2002

Problem: Anger over a U.S. military attack on Afghanistan triggers protests in the world's most populous Muslim nation.
McSpin: Outlets install large photos of an Indonesian franchise owner making the hajj pilgrimage to Mecca. Staff wears religion-inspired clothing on Fridays, while new TV commercials emphasize local ownership.

EGYPT 2001

Problem: Anti-American boycott sparked by U.S. support for Israel.
McSpin: Local outlets introduce the McFalafel, rolled out behind an advertising jingle sung by Shabaan Abdel Rahim, best known for his chart-topping hit "I Hate Israel."

SAUDI ARABIA 2002

Problem: Arab anger at Israel's response to Palestinian uprising triggers boycott of American products.
McSpin: A Ramadan promotion by the Saudi franchise sends thirty cents from every Big Mac sold to the Red Crescent Society and Nasser Hospital in Gaza for treatment of Palestinian casualties.

(*Business 2.0,* December 2002)

FRANCE 1997–2002

Problem: Backlash against U.S. cultural imperialism. When French farmer José Bové attacks a McDonald's outlet in 1999, his compatriots cheer.
McSpin: Franchise launches ads featuring cowboys who boast that McDonald's France refuses to import American beef "to guarantee maximum hygienic conditions." Ronald McDonald takes a backseat to Astérix, the cartoon defender of French independence.

YUGOSLAVIA 1998

Problem: Operating under NATO auspices, the U.S. military begins a bombing campaign against Belgrade.
McSpin: Franchise repositions McDonald's as a symbol of anti-NATO protest. Hands out free burgers at rallies and adds a Serbian nationalist cap to the Golden Arches emblem under the slogan "McDonald's is yours."

Deepak Meditates on Iraq

An article that appeared in Canada's *National Post* on March 11, 2003, included the following blurb: *A Middle Eastern Disney World would ensure lasting peace in Iraq by easing fear and anger among children, according to Deepak Chopra, the popular self-help guru. The idea is one of 10 suggestions Dr. Chopra outlines in an essay that is to appear today in several European newspapers.* > Since the *National Post* neglected to describe Mr. Chopra's other nine ideas in detail, we thought we'd try to guess them ourselves. Though the following ideas may not be identical to Mr. Chopra's, we're sure he'd find them as impressive as his own. —*Jason Torchinsky*

2. It will, as the Benevolent Being knows, take more than the "Magic Carpet Ride" to ease tensions in the Middle East. We need to be mindful of the fact that Iraq is suffering from a severe sense of global victimization. To soothe Iraq's tired collective ego, the vitriol of the world could be turned to a smaller, weaker country that Iraq can join the rest of the world in tormenting. I suggest either Iceland or Andorra.

3. Exposure to other cultures will help ease Iraq's cultural isolation and bring its people closer to enlightenment. Therefore, arrangements will be made for large-scale celebrations of Cinco de Mayo, Oktoberfest, May Day, and Bastille Day with lots of free booze and costumes for everyone. And loving-kindness too.

4. The people of Iraq need some domestic focus for their aggression. To achieve this, peacekeeping troops could issue cell phones specifically designed for in-theater use only. At the same time, UN inspectors could see that Iraqi car owners are reeducated in special centers where they will learn how to drive incredibly slowly, in two lanes simultaneously, and with a turn signal constantly activated.

5. For peace to endure, healing needs to begin at home. Humanitarian aid organizations should work closely with Iraqi families to rename Muslim children with less aggressive, more compassionate-sounding names. "Mohammed" and "Mustafa" could be changed to "Rusty" and "Dakota."

6. The countries of the world should just let them win the next Olympics, in 2004.

7. In a gesture of faith and solidarity, General Motors should transfer production of the Chevrolet Camaro to factories in Iraq so that the people will have a truly bitchin' ride to call their own.

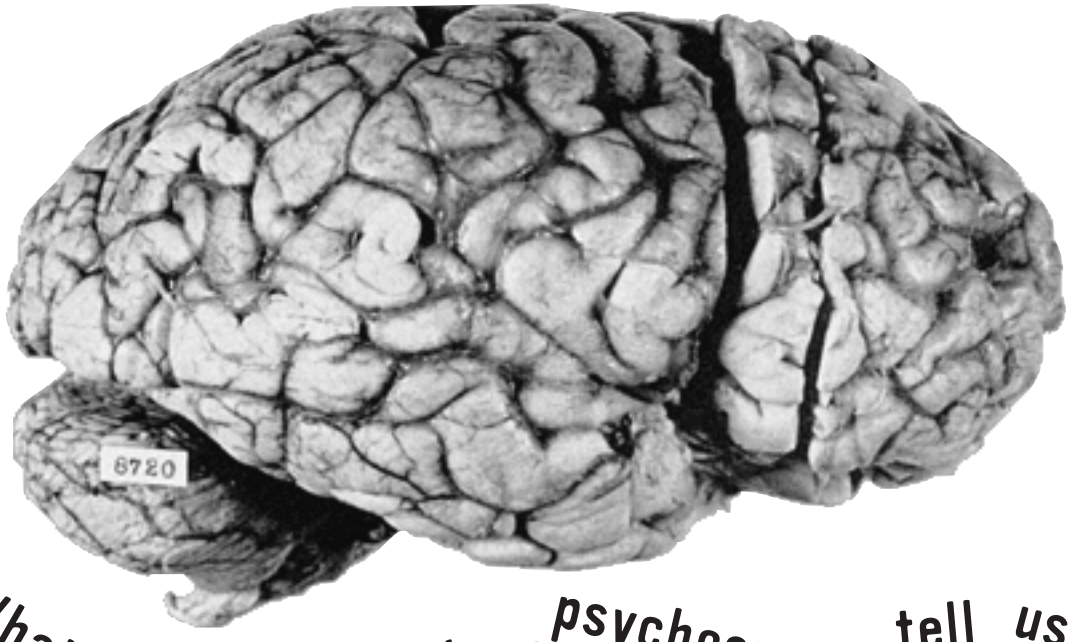
8. In order to prevent future attacks on Iraq and to heal the country's spiritual malaise, Iraq will become the World's Pound and all newborn puppies and kittens will be immediately ferried to large, well-maintained compounds in Iraq. All children desiring puppies or kittens will then happily journey to Iraq, the land of puppies and kittens.

9. To improve the self-images of millions of Iraqi women, armies of highly trained cosmetologists will be dispatched to provide free, comprehensive makeovers. Designers such as Versace and Donna Karan should volunteer to provide Iraqi women with tighter, sexier clothing to replace the billowy, tentlike fashions they currently endure.

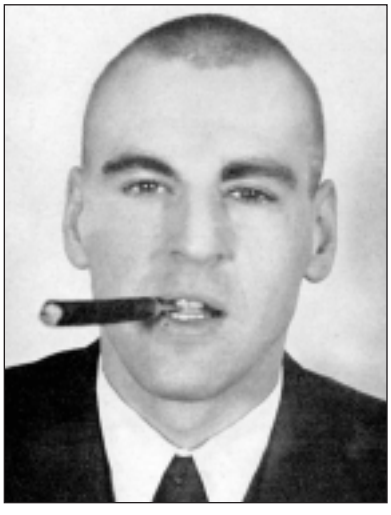
10. Every Iraqi citizen's smoothie intake will be increased by over 500 percent until they are all so healthy, happy, and full of balancing electrolytes, they can't even sit down long enough to think about terrorizing anything.

For more of Deepak Chopra's insights, visit www.chopra.com.

BETTER LIVING THROUGH LOBOTOMY



What can the history of psychosurgery tell us about



In the mid-1930s, the eminent Portuguese neurologist Egas Moniz, nearing the end of his career, was anxious to secure his reputation in the annals of science. He attended a medical symposium where a researcher reported marked behavioral changes in two chimpanzees after he had removed the frontal lobes of their brains; Moniz decided to try something similar in humans. His first operations (performed by a colleague, because Moniz suffered from crippling gout) consisted of injecting alcohol into several holes in the patients' skulls. He soon moved on to cutting brain tissue by inserting an instrument comparable to a long, thin apple corer into the skull and twisting it around. As modified over the next fifteen years by other physicians, this procedure became one of the most widely prescribed treatments for serious mental illness: lobotomy. For this contribution to medicine, Moniz won the Nobel Prize in 1949.

Of course, lobotomy now seems like a medically sanctioned form of torture. The main theory behind it was that anxiety and agitation could be quelled by severing the emotional center of the brain from the part that controls intellect, but the evidence to support this idea was meager. The person performing the surgery usually couldn't even see what he was cutting, and doctors considered patients "cured" after minimal follow-up. Yet, as Elliot S. Valenstein points out in *Great and Desperate Cures: The Rise and Decline of Psychosurgery and Other Radical Treatments for Mental Illness* (Basic Books, 1986), "Even a surgeon who was convinced that he was not obtaining good results seldom gave up lobotomy. It was difficult to admit that the effort had been completely wasted, especially when other surgeons were reporting success. Rather than abandoning psychosurgery, neurosurgeons much more commonly introduced some change in the operation in the hope of increasing the success rate."

Though now out of print, Valenstein's book provides the best history of the lobotomy's heyday, in the 1940s and '50s, a story that is not a medical aberration but rather a cautionary tale. "The factors that fostered [the operations'] development and made them flourish," writes Valenstein, "are still active today." Valenstein, professor emeritus of psychology at the University of Michigan, took time from his Fourth of July holiday to speak at length to *Stay Free!* —*Allison Xantha Miller*

medicine today?

At first lobotomy was considered for almost any kind of disorder.

Electroconvulsive (electroshock) therapy (ECT):
In electroshock, a series of electric pulses delivered to the brain causes a seizure. Today ECT is used most often to treat major depression after drugs have failed. Scientists think it works by altering electrochemical processes in the brain. ECT is controversial due to side effects that include memory loss and, some argue, brain damage.

Fever treatment:
Introduced in 1917 by injecting malaria into patients whom syphilis had turned insane. Surprisingly effective, the treatment was widely used before the rise of penicillin and antibiotics.

Insulin coma:
In 1933 Manfred Sakel mistakenly gave a diabetic mental patient too much insulin, which put her into a coma. After he revived the patient, her psychological symptoms had improved, and the first form of shock treatment was born.

Metrazol shock therapy:
Introduced in 1934 as a safer, easier alternative to insulin therapy. An injection of Metrazol induced an epileptic seizure.

STAY FREE!: It seems that in the 1930s, when Egas Moniz was doing the first lobotomies on humans, treating mental illness was urgent for some reason. The new "somatic" treatments—not only lobotomy but insulin comas and electroshock treatments [see sidebar]—weren't just a way to help individuals, they were seen as something that could help solve a great social crisis.

VALENSTEIN: Well, there was a social crisis, you're right. Mental institutions, particularly state institutions and large governmental institutions in all countries, were becoming more and more overcrowded because there weren't any treatments for serious mental illness. They would try anything that held out hope and wasn't very costly. Mostly it was somatic treatments, which people grasped at as a way of getting patients to a point where they could go home. Governments were concerned about the rising costs of taking care of the mentally ill, making legislators and the superintendents of institutions very receptive to anyone who claimed that insulin treatment, electroconvulsive shock, or fever treatment would cure schizophrenia. These somatic treatments tended to be much less costly and less labor intensive [than psychoanalysis].

STAY FREE!: Why were so many people in mental hospitals?

VALENSTEIN: Lots of people were mentally ill, just as there are many today. But now they tend to be treated with drugs and outpatient care. If all of these people were institutionalized, we would have the same kind of problem. Also, there were some patients who were committed more for the convenience of the husband or the family—wives who became mentally ill and troublesome. But I think mainly it was that there's always a baseline number of mentally ill, and they kept accumulating in institutions.

STAY FREE!: Were the people who were lobotomized poor?

VALENSTEIN: Probably in most cases they were, but they weren't all poor by any means. Private sanatoria, where lobotomies were also performed, catered to people who had money. It's well known that President Kennedy's sister Rosemary was mentally retarded and became difficult to control when she reached her twenties. Joseph Kennedy, the father, got the best medical advice he could at the time from people at Massachusetts General Hospital, one of the most prestigious places, and his daughter was lobotomized. It wasn't a very good outcome, and to this day she's living in an institution.

STAY FREE!: I guess lobotomy would have been hard to avoid if you were in psychiatry in the late '40s and '50s and you worked in a state hospital.

VALENSTEIN: That's certainly true. People talked about psychoanalysis—ego and superego and ids and repressed early experiences. But using that for treatment, particularly in state hospitals, was totally impractical, even if one judged that it could be effective. Most people today would think that for seriously ill people, psychoanalysis probably couldn't help very much. Freud himself didn't think psychoanalysis was appropriate for people with schizophrenia.

STAY FREE!: So lobotomy was used to treat schizophrenia and affective disorders [mood problems such as depression, mania, and bipolarity].

VALENSTEIN: At first it was considered for almost any kind of disorder. After a while, it was limited to people with affective disorders, people with obsessive-compulsive disorders. Very deteriorated schizophrenics did receive the operation when it began to be performed on a huge scale [in the 1940s]. In the literature, one can sense a feeling that the best results occurred with patients who had depressive affective disorders, were manic or obsessive in a way that prevented them from going on with their life.

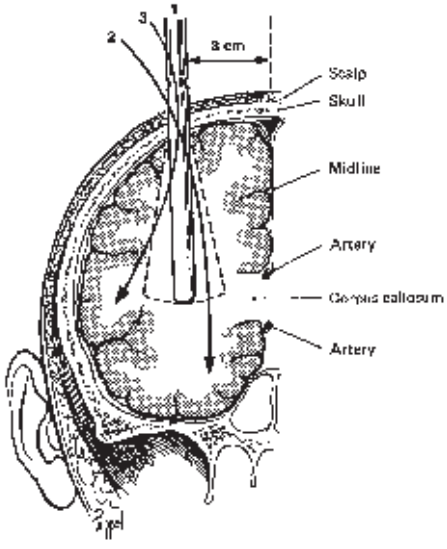
STAY FREE!: Maybe it was the first time any treatment could actually produce a change in their personality and their behavior.

VALENSTEIN: Yeah, probably that's true. There are records from state hospitals that have come out since I've written the book which say that "We've tried one lobotomy on a patient and tried electroconvulsive shock, and they're still unmanageable. We ought to consider doing a second lobotomy." It was very common to do a second procedure if the first one didn't work or didn't calm a patient down.

MORE THAN ONE WAY TO SKIN A CAT

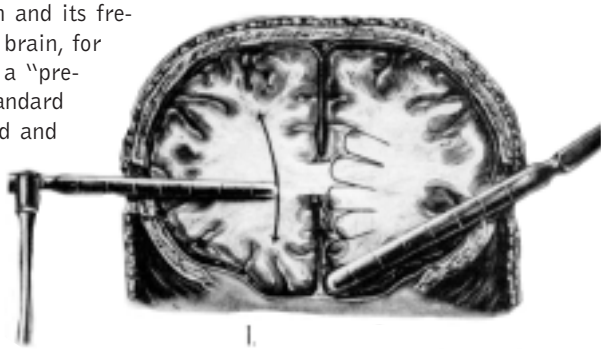
How did doctors perform lobotomies? Where did they cut, and with what? Elliot Valenstein describes several types of lobotomies in *Great and Desperate Cures*. Here are some of the most significant procedures. by Allison Xantha Miller

Prefrontal leucotomy, a.k.a. core operation (1935)
After experimenting with cadavers, the Portuguese neurologist Egas Moniz had his partner and former student Almeida Lima drill holes in the top of a patient's skull and inject alcohol into the frontal lobe. Beginning with their eighth patient, Moniz used a specially made instrument called a leucotome, from the Greek *leuco* (white matter) and *tome* (knife). Lima poked it into the brain to the desired depth, then activated a retractable wire loop and twisted the instrument so that a "core" was cut. At first Moniz had two holes drilled into both sides of the top of the head. When the results were less than satisfactory, he gradually increased the number of holes to six on each side. The leucotome had an unfortunate tendency to break off in the patient's brain, a problem that bedeviled later surgeons.



Open lobotomy (1937)
The surgeon drilled holes into the top of the skull as usual, but also shone a light inside and used a speculum to expose the brain, which he then cut with a scalpel. The advantage was that neurosurgeons could actually see what they were cutting and avoid major blood vessels, thereby decreasing the risk that the patient would bleed to death. Yet it was in many respects the same crude procedure as the core operation. In 1943, J.L. Poppen modified the technique by inserting a suction tube to remove more brain tissue.

Standard lobotomy (1939)
Dissatisfied with the imprecision of the core operation and its frequent complications (the leucotome breaking off in the brain, for instance), Walter Freeman and James Watts designed a "precision operation" later known as the Freeman-Watts standard lobotomy. They drilled a hole on each side of the head and stuck an instrument in each hole to clear a path for a thin spatula. They then then pulled the spatula upward so that the blade was pushed downward inside the brain. The spatula was removed, the area rinsed, and the spatula reinserted but pushed downward this time so that the upper area of the brain was



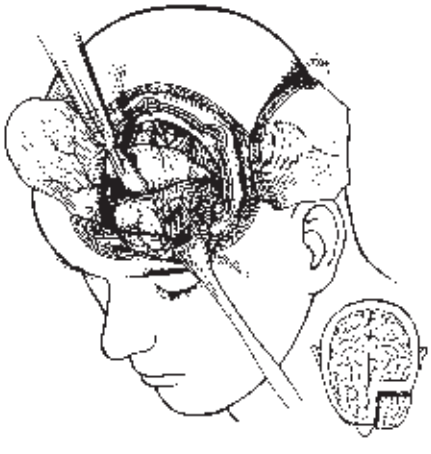
►

cut. Freeman and Watts found that a successful lobotomy usually produced "drowsiness and disorientation," writes Valenstein, so "whenever possible, they operated under local anesthesia, talking to the patient, asking questions, and getting the patient to perform tasks such as singing or subtracting sevens from one hundred. . . . If they observed no signs of drowsiness and disorientation, they often destroyed a larger area."

Transorbital lobotomy (1946)
Walter Freeman adapted transorbital lobotomy as a simpler operation. It required neither a neurosurgeon, an anesthesiologist, nor extensive postoperative care. It was thus perfectly suited for state hospitals, where resources were increasingly scarce. Freeman used electroshock to induce unconsciousness. Instead of drilling into the side of the skull, he got into the brain through the eye socket using a stylus modeled after an ice pick. Then, as he wrote to his son, he made "the lateral cut by swinging the thing from side to side." The whole procedure could be completed in ten minutes.

Left top: Transorbital lobotomy patient with two orbiclasts in place. Left below: Once the orbiclasts were removed, the patient's blood was injected into her brain to destroy brain tissue in regions where the orbiclast couldn't reach.

Prefrontal lobectomy (1948)
Some neurosurgeons took another tack and made lobotomy *more* complicated by removing a significant chunk of the frontal lobe. A team at the University of Minnesota believed that lobectomy offered a number of advantages: Because the surgeons actually opened the skull, they could clearly see the brain tissue and blood vessels. They also could be sure they were inflicting enough brain damage so as not to require a second lobotomy: "If the expected result does not follow," they wrote, "one is not in doubt about the extent of the operation."



STAY FREE!: How would they adapt the procedure to do it a second time? I mean, presumably they've cut the thing already.

VALENSTEIN: Yeah, but, for example, [Walter Freeman and his partner, neurosurgeon James Watts] had kind of a standard procedure and a more radical procedure. The more radical meant that they essentially cut more; they disrupted more of the connections to the frontal lobes. The literature is *filled* with people who have had two and even three lobotomies.

STAY FREE!: Did you ever meet anyone who had had a lobotomy?

VALENSTEIN: Oh, yes. Quite a few. They vary tremendously. Some, you would not suspect that there was anything especially wrong with them. They may have seemed a little shallow, but you might not even be struck by that. There were people who went back to work and held responsible jobs after lobotomies, and others who essentially became vegetables. Some became very impulsive and childish in their behavior. The operations were so crude. Different parts of the brain were damaged, and the outcomes varied widely.

STAY FREE!: Walter Freeman's transorbital lobotomy did not even require a surgeon or anesthesia. You wrote that Freeman, after electroshocking the patient into unconsciousness, used a surgical ice pick to enter the brain through the eye socket and moved the ice pick from side to side. He performed these operations in nonmedical settings such as his office, and in one case, a motel room. Was this invention a popular procedure?

VALENSTEIN: Oh, yes. Freeman spent his summers traveling in order to teach it. Walter Freeman had quite a reputation in the medical field. He was on a lot of boards that were setting up the credentialing of psychiatrists and neurologists. And he was a very charismatic teacher. He had a lot of former students who became hospital superintendents and were only too willing to have their former professor come by and demonstrate a new technique. Freeman would train psychiatrists on cadavers and watch them perform a few procedures, all within a day and a half. And in the month or two following his departure, they would perform twenty or thirty such procedures and write them up in the state medical journals. This went on all over the country.

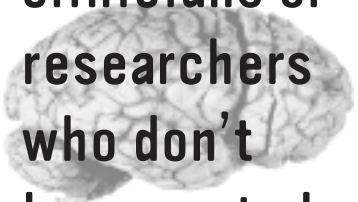
STAY FREE!: Walter Freeman is kind of the villain of *Great and Desperate Cures*, if there is one.

VALENSTEIN: Well, I try to describe him in a more complicated way. First of all, he was a very smart man. He knew the literature very well, he knew a lot of anatomy, and he had a rationale for lobotomy, which made some kind of sense in terms of what specific nerve tracts he thought should be cut. He was very concerned about his patients and he followed them up in a very conscientious way, out of his own pocket. I tried to describe him in terms of the conditions that existed at the time, and his belief that these patients were going to deteriorate, for which there was some justification because the state hospitals were very unhealthy. He did have cases in which people were able to be discharged after operations and went home to their families. Some held jobs, a few even held responsible jobs. So he was convinced that he was helping to clear out the state hospitals and really believed he was doing a good thing. I talked at length to one of Walter Freeman's sons, Walter Freeman III, because I knew his father had written an unpublished autobiography. He was a little reluctant to share it at first. After my book came out, he sent me a letter, and I was really concerned about his reaction to the book, but he paid me the nicest compliment. He said he went out after reading the book and bought five copies to give to his children so they would know something about their grandfather. So I felt that I had not described him simply as a villain. I think to do that tends to trivialize the whole story—saying there's an evil man out there or a group of men and they did evil things, viewing it only in that context of abnormality. It was *not* an abnormality. It was something that was praised. You know, the Nobel Prize was given to the Portuguese neurologist who introduced prefrontal lobotomy, Egas Moniz.

STAY FREE!: It's very touching that Freeman sent Christmas cards to all his lobotomy patients.

VALENSTEIN: That's right. He mailed thousands of them and made great efforts to follow up with his patients.

It's hard to find *any* clinicians or researchers who don't have vested interests in procedures or drugs.



STAY FREE!: He seemed to be very media savvy, judging by both what he was publishing in the medical journals and in how he dealt with the popular press.

VALENSTEIN: There's no question that he liked publicity. Practically every time he went to a meeting, he packed the audience with reporters he knew, and it was written up in *Time* magazine, *The New York Times*, or *Life*. Media coverage played a huge role in popularizing the lobotomy. When Freeman went around to the state hospitals in little rural areas, the local newspaper would make his visit the lead article. And the superintendents of these places encouraged that because it made them look good: here they are out in the boondocks and a famous doctor has visited them.

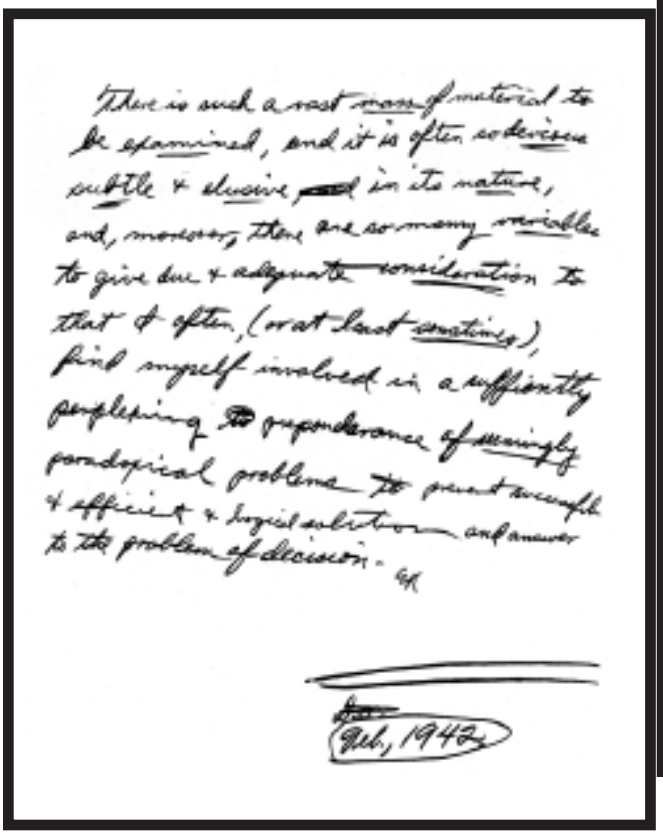
STAY FREE!: Did Freeman ever contact the local newspaper before he got there?

VALENSTEIN: He probably suggested it at times, but the superintendents would be only too happy to do it on their own. It not only gave them publicity, it had practical implications. You could take that to the state legislature and show them how up-to-date your hospital was and how you needed more funding and things of that sort. But these articles in the popular media just generated a demand for the procedure.

STAY FREE!: Was the medical media establishment as big as it is now? We see news stories every night about some breakthrough.

VALENSTEIN: I'd hesitate to make a comparison, but everyone in those days—I can remember having lived through them—got *Time* magazine or sat in a barber chair and looked through *Life* magazine. There were three or four large articles on lobotomy in

ACTUAL DIARY ENTRIES OF A LOBOTOMY PATIENT


There is such a vast mass of material to be examined, and it is often so devious subtle & elusive in its nature, and, moreover, there are so many variables to give due & adequate consideration to that I often, (or at least sometimes), find myself involved in a sufficiently perplexing preponderance of seemingly paradoxical problems to permit a simple & efficient & logical solution and answer to the problem of decision.
Feb, 1942

BEFORE LOBOTOMY

I was sleeping along just swell, all, — then, LO & BEHOLD, of a SON OF BiTCHiNG American laundry boy doesn't wake me up by almost jarring the whole house down with his GOD DAMNED. BANGING that BASTARD!!
Kill that SHIT!!!!!!
why! O WHY! DID HE DO it!!

AFTER LOBOTOMY

the *Saturday Evening Post* or *Life*, all suggesting that people who were hopeless could be cured. There wasn't television, so we didn't get bombarded the way we are today, but I think almost everyone browsed through those magazines. These state asylums were also being covered in all kinds of articles and books about how horrible they were. *Life* actually compared them—unjustifiably—to concentration camps. Right after the end of the war, when all the pictures of all the camps were being revealed, *Life* ran pictures of mental patients, nude, sitting on concrete steps in big halls and rooms that just reeked of excrement.

STAY FREE!: Why did lobotomy go into decline?

VALENSTEIN: It started in the middle to late '50s, at the time of the introduction of neuroleptic drugs—Thorazine and some of the antidepressants. There was a whole group of them that came out in the late 1950s. They were often given in massive doses, and they seemed to be producing the same kind of effects as a lobotomy. If you've seen anybody on drugs like Thorazine, their face is expressionless and the saliva's dripping out of the corner of their mouth. People referred to Thorazine as a chemical lobotomy, and it was much more convenient than performing surgery. It was more cost-efficient because it didn't require a neurosurgeon and it didn't require intensive postoperative care. So it very quickly replaced the operations.

STAY FREE!: And the popular media didn't play a role in that?

VALENSTEIN: No, not really. It was just that within the institutions themselves there was a switch. People just sort of forgot about lobotomy when the physicians began to use drugs.

STAY FREE!: Was there also a social or political backlash against the procedure, kind of what you see going on today against the "talking cure"?

VALENSTEIN: No, there wasn't, for several reasons. The custom of attacking medicine and even suing for malpractice didn't exist at that time, or was almost nonexistent. Doctors were rarely questioned about anything they tried, and institutionalized patients were completely at the disposal of the staff in terms of treatment. And it was almost considered unethical for physicians to criticize other physicians, which certainly isn't the case now. So there was a surprisingly little amount of criticism of lobotomy. There were certainly psychiatrists who didn't like the procedure at all and were critical among themselves. But in terms of public statements and articles in medical journals, criticism was scarce until the end of the heyday of lobotomy. The backlash against lobotomy actually came up in the '70s, when there was a fear of a revival of the operation and people began to talk about the horrible things that happened during the lobotomy period.

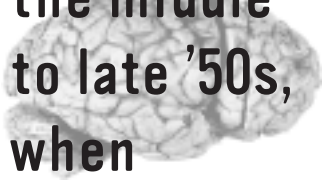
STAY FREE!: What brought on the backlash? How did that come about?

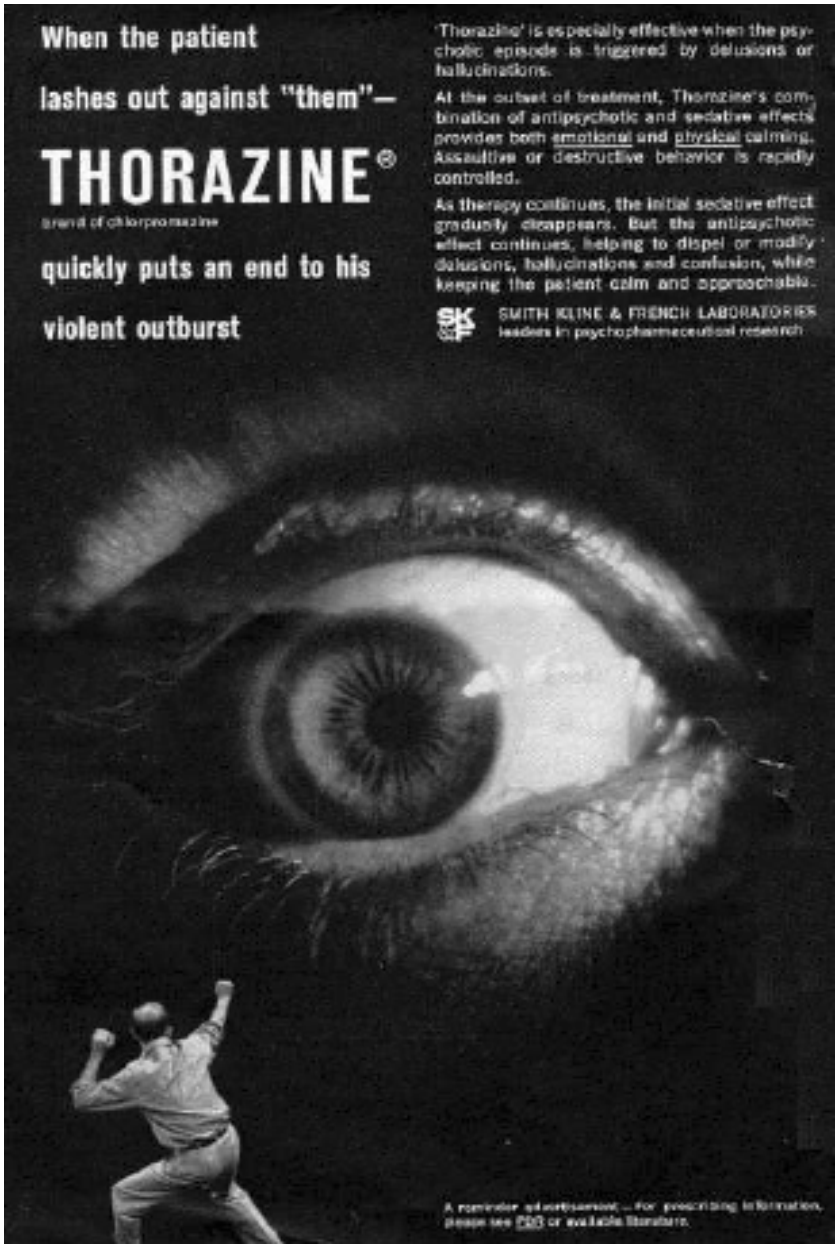
VALENSTEIN: Well, there were some scientists who argued that, since we now know a lot more about the brain, psychosurgery should be revisited. This was at a time when there was a lot of public concern about violence in the streets. Two doctors, Frank Ervin and Vernon Mark, had published a book called *Violence and the Brain*, which argued that brain abnormalities can cause violence. Word got out that the Department of Justice, which maintains federal prisons and special prisons for violent inmates, had some exchanges with the authors. There was a lot of suspicion that the Department of Justice was going to perform massive psychosurgical procedures on violent prisoners as a means of social control. So it became a big issue in some circles. I was at some neuroscience meetings that discussed the biology of aggression, and people came in and broke up the meeting and demanded time on the program.

STAY FREE!: Was there any truth to the rumors that lobotomy was being performed in prisons?

VALENSTEIN: Well, I did some investigation, and there were suspicious things happening in one prison in California. When I wrote, the warden was very open and sent me material. It turned out that there were a few operations performed on prisoners—people who had seizures and behavior abnormalities associated with the seizures, and the operations were really done in part at least to ameliorate the number of seizures, which is not uncommon. But these people also had violent

Lobotomy started to decline in the middle to late '50s, when neuroleptic drugs were introduced.

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'Thorazine' is especially effective when the psychotic episode is triggered by delusions or hallucinations.
At the outset of treatment, Thorazine's combination of antipsychotic and sedative effects provides both emotional and physical calming. Assaultive or destructive behavior is rapidly controlled.
As therapy continues, the initial sedative effect gradually disappears. But the antipsychotic effect continues, helping to dispel or modify delusions, hallucinations and confusion, while keeping the patient calm and approachable.
SK&F
SMITH KLINE & FRENCH LABORATORIES
leaders in psychopharmaceutical research
A reminder advertisement... for prescribing information, please see PDR or available literature.

State mental hospitals were quick to embrace psychosurgery and, later, drugs like Thorazine that promised a "chemical lobotomy." Such treatments allowed hospitals to cut the costs involved in caring for patients. This 1962 ad is from the American Gallery of Psychiatric Art.

outbursts sometimes associated with the seizures. In general, that's sort of a fuzzy borderline between psychosurgery and neurological surgery. Still, I think the reports of what went on there were grossly exaggerated. But there was this fear that there was going to be a revival of interest in lobotomy, and it became a political and a civil rights issue because of the prevalence of minority groups in prison. I became interested in the topic because in *Brain Control* [published in 1973] I had talked a little bit about how certain neurosurgical procedures were a result of misinterpreting animal experiments.

STAY FREE!: How did the people you were writing about respond to your work?

VALENSTEIN: All the people I talked to were quite open. Occasionally when I would talk at meetings, a surgeon would stand up and say, "You don't understand what was going on; we really helped all of those people," clearly being very defensive. But I talked to people who not only had performed some of the procedures but had attempted to study what was going on and had a broader perspective than, say, a clinician who had just performed the operations. Many of the people I saw, even though they themselves had participated in it, recognized that the exuberance that took place just went out of control.

STAY FREE!: What are the parallels between the lobotomy period and what's going on today? There's a lot of enthusiasm for what used to be called somatic treatment, going after mental disease as a physical set of symptoms. You wrote about this in your latest book, *Blaming the Brain*.

VALENSTEIN: The influence of the pharmaceutical companies is so great these days because of the resources they have at their disposal. There are tremendous economic factors distorting the practice of medicine, just as there were in the lobotomy period. It is hard to find *any* clinicians or researchers who don't have vested interests in the development of procedures or drugs. I mean that. Of course, they will deny that funding from drug companies has an influence, but it is so subtle that they're unaware of it themselves. Studies have shown that if you look at reports on drugs that are competing to treat the same patient population, and if you look at the connection that the people doing the studies have with the companies involved, the results that they find—not only the opinions they express but the actual data—clearly reflect their own vested interest. I don't think people really lie, but it happens in very subtle ways, like disqualifying patients because they are ill with something else. Those same patients would not be omitted if their outcome supported the conclusions the researcher wanted. And there are professional interests as well: psychiatrists have to compete with social workers, clinical psychologists, counselors of all sorts. Most people who seek help for a mental problem do not go to a psychiatrist. So there's a strong economic reason why psychiatrists are very supportive of drugs: protecting their own turf. That's not the only reason, but it certainly has an influence. ■

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For this issue of *Stay Free!*, we are greatly indebted to Ivan Drucker, who managed to recover Carrie's harddrive data after Apple's own technicians couldn't. If you need help with any Mac problem, we highly recommend this brilliant, affable fellow.

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BACK ISSUES

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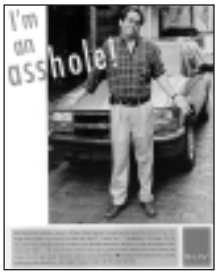
#16. Sut Jhally v. James Twitchell. Pharmaceutical advertising, patent medicines, and the placebo effect. Mindlessness. Furries. $4

#17. Outdoor ad creep. Includes Manhattan ad map. Media literacy. Attention deficit disorder. Dead famous people in ads. Commercial speech. $4

#18. History issue. Interviews: Jane Healy, Richard Sherwin, Inger Stole, James Loewen. $4



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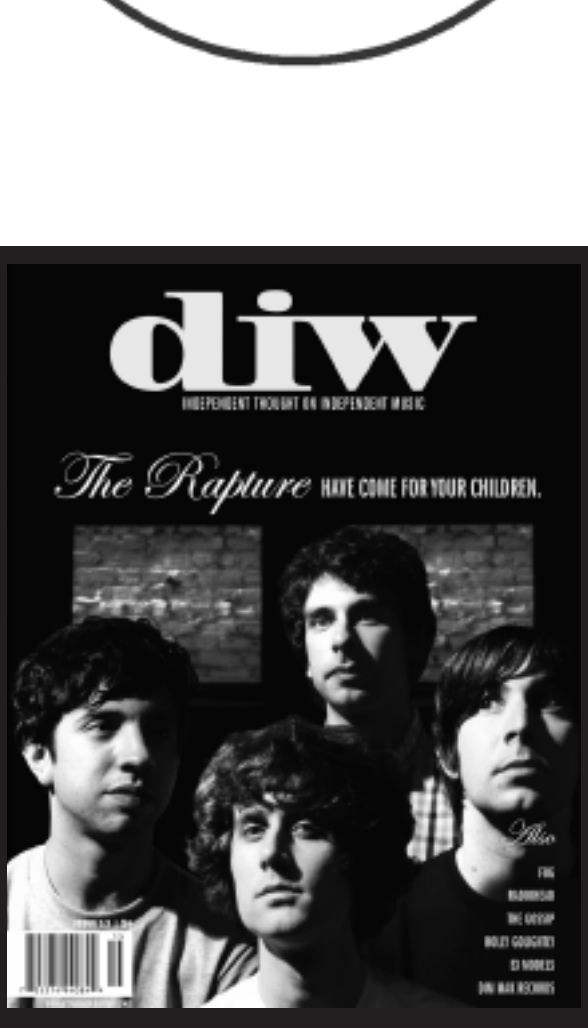

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feature > by Ana Marie Cox

I AM NEVER LONELY

A brief history of employee personality testing

The summer between my freshman and sophomore years in college, I spent twenty hours a week in a small, gray-paneled cubicle calling up strangers and asking them, "Do you approve or disapprove of the job George Bush is doing as president?"

Hey, I was getting paid. It was shortly after the first Gulf War, and the responses to this question were depressingly positive. Still, I liked my job. I was working for Gallup Polls; it had name recognition, the pay was good, and the work itself (which also included conducting customer-satisfaction surveys and marketing research) was interesting. So, despite my distaste for the answers I was getting to the approval-rating poll, I worked hard, was productive, and even occasionally participated in quasi-humiliating "team-building exercises." I was a model employee.

Gallup knew it would be so. They had given me a personality test, after all. Indeed, after I was recommended to them by a friend who already worked at Gallup, the personality test was the only hurdle I faced. I don't really remember much of it—as with most personality tests, there weren't questions, just statements that I had to "strongly disagree," "disagree," "agree," or "strongly agree" with. I assume I passed—whatever that means.

I am known to be highly effective at work:*

SA A N D SD

I enjoy making decisions when all the information is not available:

SA A N D SD

It's difficult to date the origin of personality testing. Who knows, perhaps the earliest personality test was administered when a Cro-Magnon cave-painter first uttered the words, "So, what does it look like to you?" But personality testing as a term of employment has a very specific history. Fredrick Taylor's *Principles of Scientific Management,* published in 1911, popularized the notion that employee skills are quantifiable. Taylor's time-and-motion studies sought to determine, for example, "How many times a minute should [a secretary] be able to open and close a file drawer?" (Answer: "Exactly 25 times.")

This pseudoscientific mindset hit the boardroom with *Psychology and Industrial Efficiency,* which was published in 1913 by Harvard University professor Hugo Munsterberg. Munsterberg asked executives which personal characteristics are desirable in an employee and used the results to develop screening techniques. Other researchers joined the game, creating employee-rating methods and other character assessment systems. This first boom in personality testing reached its apogee with Henry C. Link's *Employment Psychology,* in 1919, in which he proclaimed:

The ideal employment method is undoubtedly an immense machine which would receive applicants of all kinds at one end, automatically sort, interview, and record them, and finally turn them out at the other end nicely labeled with the job which they are to do.

But in order for personality testing to work, there needed to be proven connections between particular personality traits and job success, correlations that turned out to be elusive. As a result, personality testing faded after World War I.

Personality testing's second flowering was planted with a more fertile metaphor: Jungian "archetypes." In the early 1940s, Katherine C. Briggs and Isabel Myers developed the Meyers-Briggs Type-Indicator using their own interpretation of Jung's archetypes. The test was used to help employers screen female applicants for factory jobs.

How sorting women into such Jungian dichotomies as "sensate or intuitive" would improve their welding skills is anyone's guess, but Myers's and Briggs's invention harmonized well with the emerging corporate culture of the 1940s and '50s. Mass testing was handy for companies now facing vast applicant pools. Some of the tests they used were designed especially for job screening, but others, with more absurd results, were lifted wholesale from tests originally intended for diagnosing mental illness. One of the latter, the Minnesota Multiphasic Personality Inventory (MMPI), presented would-be executives with such true-or-false head-scratchers as "I have no difficulty starting or holding my bowel movement."

But perhaps the MMPI was appropriate for the paranoid culture of the time; by one testing firm's scale, fully 75 percent of the population was deemed too "neurotic" to be employable. Applicants were often quizzed about social or cultural knowledge—it was considered a warning sign if one read *The New Republic*.

Unlike its previous, Taylorite boom, personality testing post–WWII was primarily used to identify "executive material." Though testing had long been professionalized, many firms, including IBM, developed their own tests, which put forth a seemingly random list of topics and pastimes for applicants to rate on a scale of "like" to "dislike." As reviewed by Martin L. Gross in *The Brain Watchers,* the ideal IBM exec would like "hunting, snakes, and rough-house initiations" and dislike "long walks, art galleries, and tennis;" and, of course, couldn't care less about "people with gold teeth, people who talk loudly, or progressive people, let alone socialists."

I find it hard to "party" with people I don't know well.

SA A N D SD

Personality testing drifted back down the employment ladder in the 1960s, when employers gave versions of Myers-Briggs or other tests to everyone from accountants to policemen. But the revolution hit a stumbling block in the form of a 1971 Supreme Court decision. In *Griggs v. Duke Power*, the court ruled that the Civil Rights Act of 1964 made certain forms of employee testing unconstitutional, particularly when the tests "limit, segregate, or classify employees to deprive them of employment opportunities or adversely to affect their status because of race, color, religion, sex, or national origin." A small industry sprang up to demonstrate the biases of personality tests, which wasn't difficult, given that many of tests had been developed with "control" groups made up of psychology students, friends of psychology students, and family members of psychology students: not a very representative sample.

Many of the more esoteric forms of personality testing disappeared from widespread use in this housecleaning, including the Rosenzweig Picture-Frustration Study (prominently featured in *A Clockwork Orange*); it asked test-takers to look at a cartoon of one person saying something provocative to another person. The subject then supplies the second person's hypothetical response.

But the bias cottage industry could hardly compete with the eager professional test developers who emerged to take advantage of the loophole left by the *Griggs* decision: namely, that the Civil Rights Act *did* allow "the use of any professionally developed ability test, provided that it is not designed, intended, or used to discriminate." If anything, court rulings and government statutes since *Griggs* have made the growth of psychological testing inevitable. A court decision that outlawed pre-employment polygraph tests, for example, pushed employers to

*** Test questions taken from *How to Ace the Corporate Personality Test*, by Edward Hoffman (McGraw-Hill, 2000). Question one measures "Conscientiousness." Question two: "Entrepreneurialism." Question three: "Extraversion." Question four: "Integrity." Question five: "Stress Tolerance." Question six is a "lie detector" question; answering that you have, indeed, never felt lonely will alert the test administrator that all your answers could be deceptions.**

It is human nature to be at least a little dishonest:

SA A N D SD

replace them with "pen and paper polygraph tests," or personality tests meant to measure reliability and honesty.

Within the testing industry, estimates of how many companies now use some form of "employee assessment testing" are as high as 90 percent; a more conservative estimate puts the specific use of personality testing at around 60 percent. While testing is more common today than it was post-WWII, companies seem to expect less from it. It's less a tool to identify a rising star than it is a filter to prevent potential workplace Columbines—or, even more modestly, copy-machine pornographers and pen thieves.

I feel tense when thinking about my work in the future:

SA A N D SD

The problem with most tests today is not that they are biased. In fact, the most recent court decisions ruling against personality testing have done so based on issues of privacy, not preference. That bowel movement question had been around for fifty years; it took some Target-store applicants to actually get upset enough to sue over it. They settled for $1 million.

But privacy seems a little beside the point. Tests have been vetted, reformed, and flattened so much that they read less like the entertaining William Burroughs–like monologue of the original MMPI than like the bland reassurances of corporate motivational posters: "It is important for me to feel productive at work" or "I keep my workplace tidy and neat." And when they aren't transcripts of a Successories brainstorming session, the tests are quite obviously meant to bait psychos and expose closet embezzlers: "I have sometimes felt enraged at work by something stupid a supervisor did." "Employees who take home minor supplies are not really stealing." Or they're aiming to root out flagrant liars, those who agree that "I have never raised my voice in anger."

Though there is wide agreement that *Griggs* overturned the use of intelligence testing, would you really hire anyone stupid enough to respond incorrectly to these statements?

And this brings us to the real problem with these tests: they don't measure personality at all. They're not really designed to. They measure a particular kind of "social acceptability," some sort of bare-minimum level of people skills—lying on the tests is not only necessary but almost inevitable if you have any sense at all. I suppose this is fine with test administrators and future employers. They don't care who you really are, after all, they only care who you act like. Besides, people who score poorly on tests of acceptability are not likely to be happy working at the kind of place that requires them.

Many of us rebel at the idea of personality testing because it seems creepy: very Orwell, very Huxley. But for the employer, the benefit of personality testing is not some fantasy of Soma-ed cubicle drones. He couldn't care less if you, in your heart, actually do think stealing minor supplies is okay or even if you sometimes find it hard to party with people you don't know well—not as long as you carry on with your job *as though* you were a Soma-ed cubicle drone. And as long as you don't actually steal office supplies—too many of them, at least.

Employers use today's personality tests because, in our dismal economy, one job opening can unleash a flood of 500 résumés. They use personality tests because they are a faster, cheaper way of determining who they will risk their next hire on. An employer can direct a prospective job-seeker to a third-party website for a fifteen-minute test (rather than an hour long interview) at a cost of less than thirty dollars. Compare that to the cost of a bad hire: according to a recent management article, firing someone can cost a company—in hours lost to retraining and hiring again—up to five times the salary of his or her position. And should the dismissal go badly, a lawsuit from a disgruntled employee can cost millions.

So personality tests aren't really about you: they're about money. If you lie on a personality test to get a job, it means that you understand that a job, a salary, is worth submerging your own self for.

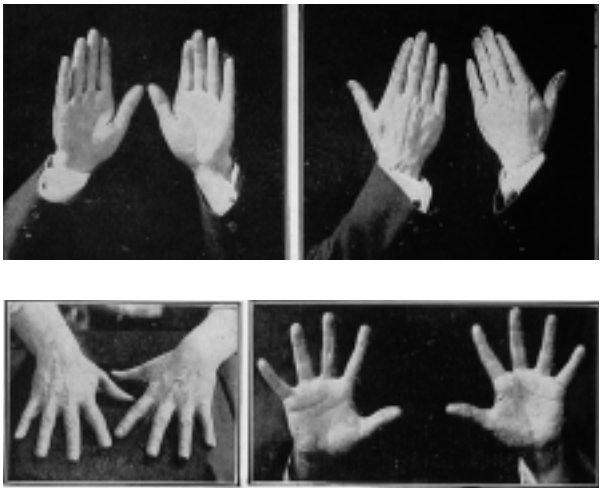
I have never felt lonely:

SA A N D SD

Here is where I admit to you that I lied to get that job at Gallup. That's the one thing I really remember about the test: I was very consciously trying to figure out the answers they wanted and then giving them. I told them that I "strongly disagreed" with the proposition that "If I found a bag of money on the street, I would seriously think about keeping it." I said I "strongly agreed" with the idea that "Life is full of opportunities." ■

TEST MANIA!

The personality tests that have been used over the years may ultimately reveal more about the test creators than about the test takers. Here are some of the craziest. **by Carrie McLaren**



Above: Images from Blackford's *Analyzing Character*. According to Blackford, employers can determine personal qualities such as intelligence, aesthetic sense, and attention to detail from looking at subjects' hands.

WIFE TESTING

In the early 1950s, enthusiasm for personality testing extended to family life. Companies searching for the ideal organization man would sometimes insist on interviewing applicants' wives. In so doing, managers hoped to weed out men whose devotion to their partner might deter loyalty to the company. Moreover, as Vance Packard documented in his book *Hidden Persuaders*, "Important men may not be recommended for higher priced jobs because the wives may be too flirtatious or she may not drink her cocktails too well, or she may be an incorrigible gossip. Investigations in this respect are quite thorough."

DRAW-A-PERSON TEST

Still in limited use today, this test analyzes the subject's drawings for signs of mental imbalance. Drawing a figure in the lower left corner of the page, for example, is said to indicate depression; large eyes represent the subject's suspiciousness; and a large head suggests a preoccupation with one's own intelligence.

CHARACTER ANALYSIS

In 1913, Katherine Blackford, M.D., convinces corporate clients that the best way to determine an employee's personality is by his looks. Blackford's "character analysis" included analyzing handwriting, style of walk, and physical characteristics. According to Blackford, "Always and everywhere, the normal blond has positive, dynamic, driving, aggressive, domineering, impatient, active, quick, hopeful, speculative, changeable, and variety-loving characteristics; while the normal brunet has negative, static, conservative, imitative, submissive, cautious, painstaking, patient, plodding, slow, deliberate, serious, thoughtful, specializing characteristics."

SZONDI TEST

The Szondi test started with the assumption that everyone is a little crazy and proceeded to unearth whichever disorder was the cause. Each test subject was shown photos of people and asked to pick out the person they'd most like to sit next to on a train trip. Little did subjects know that the people they were shown were all "thoroughly disordered"—a homosexual, a sadist, and an epileptic, among others. The "disorder" subjects selected was presumed to indicate their own disposition.

PROZAC NATIONS

How does mental illness differ cross-culturally?

Ever have the nagging feeling that our celebrity-driven, sound bite society is making us into a stupid, cynical, shallow people? Well, look to Oliver James, author of a May 2000 article in *The Ecologist* titled "Consuming Misery: Across the World, the Richer a Nation Gets, the More Unhappy Its People Become." • As a critic of consumer culture, I did a double take when I saw that headline—evidence at last! In his book *Britain on the Couch,* James purports that our way of wealth lowers our levels of serotonin—which he calls the happiness brain chemical—thereby making us depressed. James is far from alone in equating advanced capitalism with mental illness. Here in the United States, a growing movement of therapist-activists battles "affluenza," defined as a debilitating mental state caused by having too much money. While much of the affluenza literature makes a certain kind of sense, all it takes is a cross-cultural perspective to see the problem with arguing that affluence causes depression—namely, it's not true. • All of this is a roundabout way of introducing Lawrence Kirmayer. Dr. Kirmayer is a highly respected cultural psychiatrist at McGill University in Quebec. Unlike the affluenza crowd, Kirmayer has done a great deal of research on the mental health of aboriginal peoples, immigrants, and refugees. He points out that although our capitalist ways may be emotionally hazardous, it's unlikely that we are more depressed than poorer cultures. The only way to know for sure is to study those cultures, and research is generally lacking. • *Stay Free!* talked to Kirmayer by phone in July 2003 about cross-culture mental illness more broadly. We found him to be a very nice man. —*Carrie McLaren*

STAY FREE!: What mental problems are the most similar across cultures?

KIRMAYER: At one pole you have organic disorders that are very similar across cultures, like Alzheimer's disease or epilepsy, and perhaps schizophrenia and bipolar disorder. And at the other end you have what used to be called hysteria—dissociative disorders and so on. That said, there are differences cross-culturally even for something like schizophrenia. For example, people with schizophrenia appear to do better in nonurbanized, nonindustrialized countries.

STAY FREE!: Why is that?

KIRMAYER: It's not really clear, but it's probably in part because urban environments are not good for people vulnerable to schizophrenia.

STAY FREE!: Is that unique to schizophrenia or is that the case for mental illness in general?

KIRMAYER: Well, different illnesses don't respond precisely the same way to environmental and social factors. There are probably distinctive processes that underlie schizophrenia. The impact of noisy environments, for example, has been shown to contribute to relapse. One theory why people with schizophrenia do better in some countries has to do with family support and social integration. Someone who hallucinates is going to have a hard time working in a very technological society, but in a rural agrarian society they may still be able to do something useful for the family and community.

STAY FREE!: Do the symptoms of schizophrenia vary in different cultures?

KIRMAYER: Well, there have been studies that have shown differences in the frequency of various symptoms. For example, symptoms of catatonia—people becoming immobile—are more prevalent in some developing countries than they are in the West. Certain bodily symptoms are also more prevalent in some places. In many parts of the world, people with hallucinations may understand their experience in terms of religious systems—they may see themselves as being possessed, or talking to God. You get that in the West too, but you also have common technological interpretations—they think there is a radio transmitter in their tooth and so on.

STAY FREE!: I've read that TV stations get a lot of phone calls from people with schizophrenia and manic depression telling them to stop broadcasting.

KIRMAYER: Yeah, that's a common symptom of psychosis. People will go through this process of trying to figure out, "What could possibly explain this strange feeling that I'm having?" Most of the explanations sanctioned by medicine are basically that you have a "chemical imbalance" and that is very deflating. In another society, you

might be told that you have had a significant religious experience, and even though you might still need to get some help, there might be something to valorize what's gone on for you. That tradeoff is harder in a very scientistic culture. Of course, even in our culture, where people are very secular and talk about things in scientific terms, there are still a lot of moral ideas about the person and about self-control.

STAY FREE!: People say, "Get over it!"

KIRMAYER: Exactly.

STAY FREE!: If someone has symptoms that we associate with depression in the U.S., how might that problem differ in other cultures?

KIRMAYER: There are two sets of issues. There is the issue of what is actually going on for people and the issue of how they understand it. These issues don't necessarily have to match up perfectly, but they interact. People interpret what's going on differently based on their cultural background. In the case of something like depression, how you interpret symptoms influences how things unfold. If you decide these feelings of exhaustion are a sign of depression, then that diagnosis suggests that you have certain other problems. That becomes part of a feedback loop—your thoughts chase each other in circles, and that in itself can intensify depression. Even though we can distinguish between what goes on physiologically and socially, the two levels interact. Once you understand that, you can find something that looks like depression everywhere in the world. In most places, the physical symptoms are the most important part of depression: fatigue, difficulty concentrating, muscular, and skeletal aches and pains and so on. In Japan, a lot of middle-aged women complain of shoulder pain, which is unusual in North America. The name for it is *futeishuso* which means "nonspecific complaint." Some of those people may actually have depression, but nobody's asked them, "Do you feel sad or low? Do you feel hopeless?"

STAY FREE!: Because there's a stigma attached?

KIRMAYER: Partly, yes, and partly because the notion of depression has not been so salient in Japanese psychiatry. Notions of anxiety disorders have been much more common. Psychiatrists don't see people with anxiety and depression, anyway—doctors of internal medicine deal with those patients. Psychiatrists only deal with the most severe disorders, schizophrenia and so forth. Until about five years ago or so there were no SSRI medications in Japan. Eli Lilly didn't even try to introduce Prozac in Japan initially because they thought there would be no market. Finally another pharmaceutical company did try, and now the idea of depression has taken off.

STAY FREE!: How does the notion that depression is a biological condition affect the course of the illness? Are people in the West better or worse off for it?

KIRMAYER: It depends. There's a Japanese psychiatrist, Yutako Ono, who used to tell people, "Depression is like pneumonia, so you have to take your medicine to make it go away." The implication is that it's not chronic. You can certainly promote an image of a mental disorder that is curable even if it is biological.

STAY FREE!: But here it seems that the biological notion implies permanence.

KIRMAYER: Well, but that kind of determinism is not necessarily tied to biology. In American folk psychology, there are notions of character, which imply that someone is or is not a particular way. In the U.S. over the past few years, there has been a huge swing away from the idea that people are molded by their social environment. Instead, there's the assumption that everything is determined by one's constitution. Sometimes it's rooted in genetics, sometimes something's wrong with the brain. The whole biological turn in psychiatry was really in excess of any specific evidence, but I think that it fits well with conservative politics in the U.S. right now.

STAY FREE!: I've heard that people in more affluent nations are more often treated for mental illnesses like depression than people in nations of low or moderate wealth. So does this mean that there is more mental illness in affluent places or is it just a consequence of poor people not having access to mental health care?

KIRMAYER: I think it's mostly the latter, though in many cases we don't know because there aren't enough epidemiological studies. If you want to make a generalization, then it's probably safe to say that poor countries have more mental-health problems, but by saying "poor" nowadays, you often mean societies where there is a huge level of conflict and violence. So it's not simply poverty—you can have a small, well-integrated rural society where people don't have a lot of material goods but they have excellent mental health.

STAY FREE!: Do people in different cultures commit suicide for different reasons?

KIRMAYER: Yes. Of course, the overriding reason, which is common across cultures, is overwhelming hopelessness and the desire to escape suffering. But there are also socially sanctioned reasons that can valorize suicide; in traditional Japan, suicide was a way of maintaining honor. To some extent, this is still a factor. People who have financial reversals will commit suicide not just to escape the problem but to make a gesture that acknowledges responsibility and hence restores honor in some way. Some of that's been exaggerated. There's been a stock image of the Inuit [the indigenous peoples of the arctic formerly called the Eskimo] as having a tradition of altruistic suicide in which older people sacrifice themselves for younger people. Granted, there were situations in which a whole family was starving and an elder would volunteer to be left behind. But that's a kind of self-sacrifice that people from many cultures could understand if they were facing similarly desperate circumstance so I'm not sure that should be viewed as suicide.

STAY FREE!: Has any interesting work been done on social stereotypes? Like

the idea that Eastern European Jews are more neurotic?

KIRMAYER: The cultural historian Sandor Gilman has written a lot about the stereotype of the neurotic Jew. For the most part, it's not true—everybody's neurotic. But we have different styles of expression. Woody Allen isn't more neurotic than other people, but he has made a career out of talking about his anxieties. Spalding Gray is equally expressive of his self-doubt and anxiety but with a different cultural flavor. You find huge variations in how open people are about expressing things—these aren't just stereotypes, they are real cultural differences. But even though there are, for instance, certain Asian cultures where people don't express things verbally in the way some Mediterranean or North American groups would, it doesn't mean they aren't experiencing those things. Of course, within each social group you find enormous variation, and it's easy to overestimate the importance of any cultural trait.

STAY FREE!: Scholars who study "subjective well-being" argue that Latin Americans and North Americans are happier than Asians. Is there any truth to this?

KIRMAYER: Well, this relates to what I was saying: how people narrate their own experience will be influenced by culture. Happiness is a particular cultural value. In North America, it is important to indicate your success by exclaiming your happiness. In many other cultural contexts, however, people don't view the point of life as being happy; they may view it as being productive, as being honorable, as being a contributing member to society or to a family. I think the idea that we should be happy is a particularly American value. It fits very well with consumer capitalism, where the route to happiness is the consumption of products. It's certainly possible that the strategies someone uses to pursue well-being (such as through economic productivity) have built into them inevitable unhappiness, but we're not really encouraged to question our value system. ■

A Japanese advertisement, from 1979, for a drug used to treat schizophrenia.

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CURIOUS ILLNESSES AROUND THE WORLD

These days, Western science takes it as a given that mental illness is rooted in biology. But this approach ignores culture's role in shaping health: simply put, different social environments create different mental health problems. Psychiatrists used to call ailments limited to particular environs "exotic psychotic syndromes" until it dawned on them that Western culture has its syndromes, too—namely, anorexia and bulimia nervosa. Now they refer to "culture-bound syndromes," though this name, too, is a bit misleading. Culture-bound syndromes are not linked to a particular culture in a particular time and place so much as to a prominent cultural emphasis. Cultures that place high importance on fertility, for example, may fuel fears of semen loss. • Though slow on the draw, the American Psychiatric Association began acknowledging the importance of culture in the fourth edition of its *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* by adding an appendix on culture-bound syndromes. Granted, the main body of the *DSM-IV* is filled with syndromes you can only imagine happening in the West—disruptive behavior disorder, for instance, or medication induced mathematics disorder. But, hey, it's a start. • Here are a few examples of culture-bound syndromes. —*CM*

Koro
Origins: China, Malaysia, Indonesia

A man who suffers from *koro*, or genital retraction syndrome, is gripped by the fear that his penis is shrinking and gradually being absorbed by his body. (Women suffer from koro, too—afraid for their nipples or vulva—but this is much rarer.) A typical case of koro goes like this: A man goes to urinate and notices that his penis is becoming smaller. Usually this happens because he's in a cold place or because he's upset about something—his sex life, for example. Both anxiety and exposure to cold cause male genitals to shrink temporarily.

But rather than shrugging the incident off, the man—who has heard about koro attacks in his community—only grows more anxious, particularly since koro is considered deadly. As panic mounts, the man grabs his genitals before they can retract into his body and calls for help. According to one scholar: "If no one is around to help hold onto his penis, he may even use mechanical devices—including cords, chopsticks, clamps, or small weights—to keep the penis from retracting." Koro attacks usually occur in epidemics rather than striking on an individual basis, further proof of their social nature.

Although some scholars trace koro to the Chinese concept of yin and yang, the syndrome and similar problems have also been found in places without any Chinese tradition. Ultimately, koro may have less to do with Chinese culture itself than with its strong cultural emphasis on fertility and procreation. *Source: Timothy McCajor Hall, "Culture-Bound Syndromes in China,"* weber.ucsd.edu/~thall/cbs_koro.html

Latah
Origins: Malaysia and Indonesia

Many people, when startled, gasp or swear. But after a few seconds most of us return to whatever we were doing before. For those who suffer from *latah*, however, that jolt of surprise turns into a 30-minute orgy of screaming, dancing, and hysterical laughter, punctuated by shouted obscenities.

Though often unpleasant for the *latah* herself (latahs are usually middle-aged women), family and friends find the outbursts entertaining and slyly provoke them in order to see a show. Startled women tend to mimic those around them, aping relatives or imitating things they see on TV. When a woman goes latah in public, this can be a real problem: One woman told a *New York Times* reporter about a hunchbacked man who lives in her neighborhood. If something sets her off when she's out shopping, she'll start walking like him for no apparent reason.

Any number of things can cause the onset of latah. Sufferers often cite a traumatic experience—the death of a child, for instance—as the source of the problem. But, according to psychiatrist Ronald C. Simons, the author of *Boo! Culture, Experience and the Startle Reflex*,

CONTINUED ON PAGE 58

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by Jason Torchinsky

RITZ
Taste the Best!
Domino
SUGAR

BUYER BEWARE

How do supermarket shoppers react when you place foreign objects in their baskets? Gaylord Fields experiments.

Several recently published studies conclude that supermarkets are geared to lull the average shopper into a trancelike state and that this glassy-eyed mesmerization makes the customer purchase more goods. This comes as no surprise to this writer, as these results parallel my findings of thirty years ago when I undertook several experiments in social psychology under the guise of adolescent pranksterism.

The time: the early 1970s. The place: a typical Upper West Side of Manhattan supermarket, which, for those unacquainted with New York City commercial real estate, took up approximately the same square footage as the produce section of a typical modern-day American megamarket. The researchers: initially a trio of bored 13-year-olds, later pared to one nascent social scientist and scores of anonymous shoppers and checkout clerks, to whom I offer belated and collective thanks.

PHASE ONE

During our initial forays into the local supermarkets of choice, we gauged the level of cooperation of our host sites. In plainer language, my cohorts and I were determining what we could get away with under the vigilant eye of the ubiquitous convex mirror (this is pre-surveillance-camera 1973). This mostly consisted of such activities as jamming our pockets full of a name-brand caramel candy and placing rolls of bathroom tissue in freezer cases. We attracted little attention from the busy shoppers or even (make that especially) from the store management, and in the process developed the sangfroid, dexterity, and stealth needed for the successful completion of our operation.

PHASE TWO

For this part of the experiment, my colleagues' participation was no longer necessary, because if any member of our group were to be perceived as a member of a band of teenage males, we would attract unwanted attention. This science-minded young adult would have to go it alone. For it is here that the experiment commences in earnest, and I will link my findings with the studies of those who followed me, as briefly cited in paragraph one.

The experiment was simply designed: It would involve the surreptitious placement of various individual supermarket goods in the hand basket or cart of a targeted shopper (the "subject") by the experimenter, namely, this writer. I would then follow the subject to a position directly behind him or her in the checkout line and observe whether he or she completed the shopping transaction by purchasing the introduced foreign product (the "item").

As we scientists are merely human, I can now admit to having breached protocol a bit to speculate as to what results I would find. I presumed that the fewer goods in the basket, the more likely the subject would be to reject the item. I also presumed a similar correlation between the unusualness of the item and its rejection. Thus, my initial thought was to play it close to the vest by introducing leading brands—a box of Tide-brand detergent or Ritz-brand snack crackers—into heavily laden carts. Expecting to be emboldened by some degree of success (the purchase of the item by the subject), I would then, over a period of time, increase the risk of discovery: More unusual items, such as a packet of Airwick-brand room deodorizers or Knorr-brand chicken bouillon cubes, would be introduced into a basket holding a scant four or five goods.

CONCLUSION

In approximately one year of trials, run on an average of twice a week, *not one subject rejected the item, or even regarded it strangely; all items were purchased without question.* It mattered not one iota whether it was an incredibly commonplace and ubiquitous item, such as a roll of Scott-brand bathroom tissue, or a more arcane item, such as a meat thermometer. Forty items or four, the compliance rate was an astounding 100 percent! Everyone bought what was put in the basket without even a second's hesitation.

Unfortunately, my teen foray into the social sciences was curtailed by a variety of factors, namely the overwhelmingly one-sided data collected, the distractions of an increasingly challenging high-school curriculum, and my awakening to the fact that I could have introduced a yelping schnauzer and her litter of suckling pups into a subject's cart without notice. But foremost was the knowledge that if my experiments were to be discovered by those who might refuse to understand the gravity of my mission, I would soon cease to have the protection of my juvenile status guaranteed

CONTINUED ON PAGE 58

We're Sorry:

We're sorry about the Toys Went Berserk album that we forgot to release. We're sorry about the Hippie Porn soundtrack that we forgot to release. We're sorry we made fun of Ned Hayden in a magazine advertisement. We're sorry we made fun of Bob Guccione Jr. in a magazine advertisement. We're sorry we made fun of Alias Records in a magazine advertisement. We're sorry Sub Pop totally stole one of our magazine advertisements. We're sorry that _____ .* We're sorry about any damage we did to Time Warner or EMI's share prices. We're sorry we forced Mecca Normal to change their record cover from a giant vagina to a giant ear. We're sorry we spelled Yo La Tengo's name wrong on their own record cover. We're sorry we had the plug pulled on Bailter Space at their New Music Seminar gig and almost as sorry we had Billy Bxane MC the show. We're sorry we haven't listened to your CD yet. We're sorry we threw your CD out the window. We're sorry someone got hit in the head with the CD we threw out the 12th floor window. Hip Hop: we're really (fucking) sorry. We're sorry about the 10th anniversary ad with the picture of the dead baby (though we didn't invent pictures, babies or death). We're sorry we stifled Johan's creativity, thus forcing him to leave. We're sorry we sold t-shirts that had rifle sights over Everett True's face. Actually, we're sorry it was his face in a bull's eye. Rifle sights would've been kinda cool. We're sorry we haven't had an interesting label ad in several years. We're sorry for everyone who was ever trapped in the 625 Broadway elevator (but look at it this way, if it ever happens again in another elevator you're totally prepared!) We're sorry we deleted your bulletin board post (but when you consider how Google saves this stuff, you'll thank us someday). We're really sorry we inflicted Seven Mary Three on the world.** We're sorry we can't send you any free records. We're sorry you can't have a plus one or even a "one". You can have a minus two. We're sorry we released 'My Daughter the Broad' (but please note that we did not release 'Racially Yours' – give us credit for something!). We're sorry we never trademarked the expression "mattitude". (We're sorry about the mattitude) . We're sorry we talked Chavez into breaking up. We're not exactly sorry about "The Green Monster" but we are sorry we spent so much money on it. You know all those free cd's and dvd's we give away with records you bought months ago? We're sorry about those. We're sorry that so many copies of Silkworm's excellent 'Firewater' were mistakenly pressed with Bardo Pond's music instead (though some of you complainers really ought to give Bardo Pond another chance) We're sorry that so many copies of the 'Everything Is Nice' dvd had 'The Lord of the Dance' on them (though some of you complainers really ought to give Michael Flatley another chance). We're sorry that we willingly sold copies of 'Answer Me' to record stores. All that hassle and we didn't even get our names in the papers. We're sorry about that guy we buried in the woods. We're sorry you'll never hear the Jim Steinman mixes of 'Whitechocolatespaceegg'. We're sorry we talked Spiral Stairs into breaking up Pavement. We're sorry about that rumor we helped spread about Paige Hamilton (and please remember, in this great country a talented musician is 100% innocent until they are proven guilty). We're sorry we made fun of Scott Weiland in a magazine advertisement. We're even sorrier his manager tried to get us in trouble with Capitol Records. We're sorry that Dana Giachetto didn't introduce us to more famous people before he went to prison. We're sorry we sublet our old office to a bullshit record label financed by Rupert fucking Murdoch. How many times do we have to say we're sorry? A few more. We're sorry a great musician and thinker like Greg Ginn felt compelled to call us "mata-whore" in an interview (though it was kinda cool he had heard of the label). We're sorry our records cost $45 each in Canadian money. We're sorry some of our 7" vinyl is so thin you can see through it (though if we called it "translucent vinyl" we might be able to charge more). We're sorry we dropped Belle & Sebastian. We're sorry we messed up Jean Grae's career so badly by putting her on an internationally distributed CD and LP. We're sorry we didn't give Sound Exchange one of those Steve Keene Pavement Trees. We're sorry we didn't give them a whole forest of fucking trees. We're sorry we can't hear a word you're saying, I think we're going through a tunnel. We're sorry that the Unsane's "Body Bomb" video predicted the WTC destruction years in advance (much the same way their AmRep skate bloopers video predicted lots of kids skinning their knees). We're sorry, is that your real head? We're sorry for any small part we played in ending the last Mayor's marriage (but you've got to admit it was kind of a sham). We're sorry about "Brain Candy" but you should've seen it before the focus groups got a hold of it. We're sorry about the "What's Up Matador" film (but the focus group loved it). We're sorry we continue to prevent Guided By Voices from releasing as many records as they want. We're sorry we took a big bag of money from a major label and gave most of it to Mark E. Smith. We're sorry we can't hire you. We're sorry, but we're eliminating your position. We're sorry the air conditioning is broken (it should be fixed by September). We're sorry the heat is broken (it should be fixed by May). We're sorry we gave away a 5x7" collection called The Robert Haber Memorial Box. There's nothing funny about giving away box sets. We're sorry we keep dissing Pitchfork. We're sorry you had to yell "Do you know who I am?" and maybe if our subscription to Fuckface Weekly hadn't expired you wouldn't have to ask. We're sorry, but "unsolicited" means we didn't ask you to send something. We're sorry, but you're going to have to put that out.

* - Censored by this publication.
** - Sorry, that was Mammoth Records. A very easy mistake to make.

Guided By Voices
Earthquake Glue
CD/LP

Matmos
The Civil War
CD/LP
In stores 9/23

The New Pornographers
Electric Version
CD/LP

MATADOR
matadorrecords.com

Mogwai
Happy Songs For Happy People
CD/LP

Pretty Girls Make Graves
The New Romance
CD/LP
In stores 9/9

map > **by Matthew Flaming**

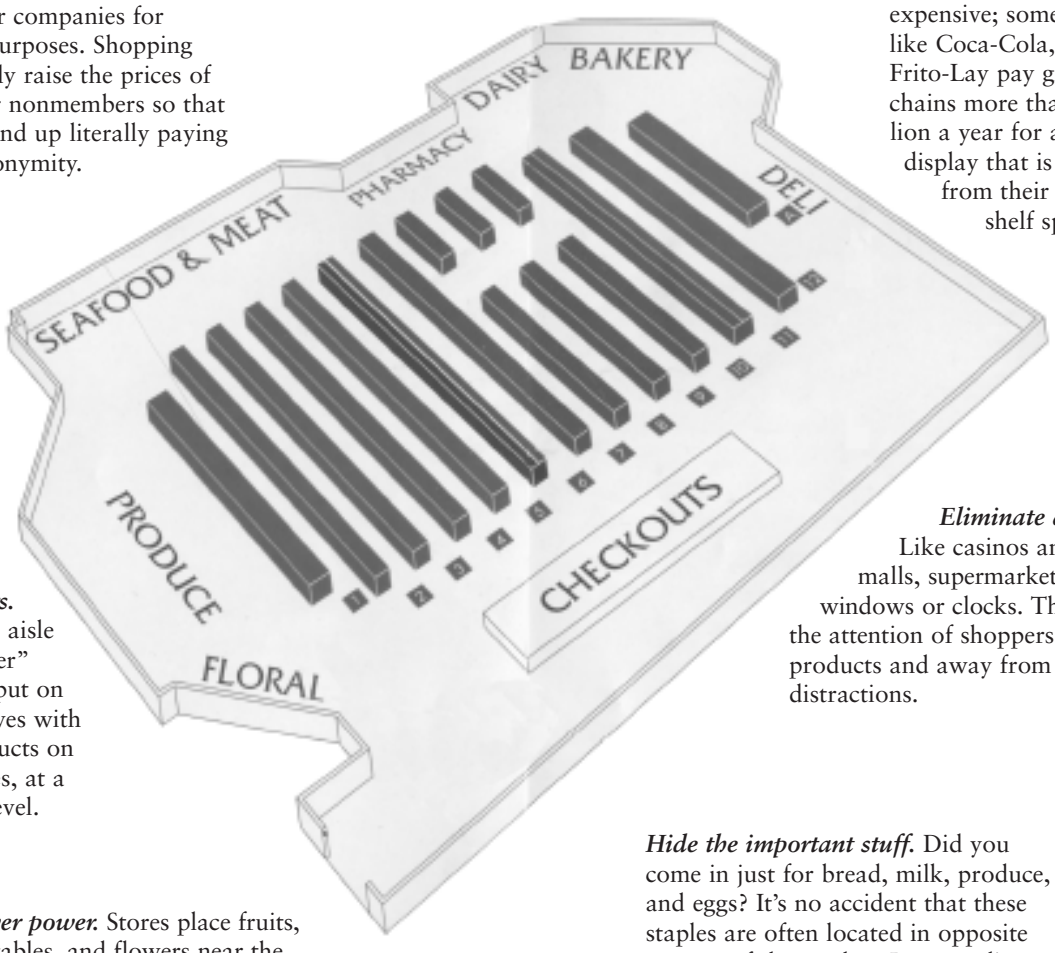
SECRET SHOPPER

Although you may not know it, your favorite grocery store is working overtime for you—not just by offering discounts and an overwhelming selection of products, but also through mental-conditioning techniques designed to make you into a better shopper.

Join the club. By offering "valued shopper" cards, supermarkets can coerce shoppers into revealing personal information that can be sold to other companies for marketing purposes. Shopping cards actually raise the prices of products for nonmembers so that consumers end up literally paying for their anonymity.

Confuse 'em. Most grocery stores group items by manufacturer rather than by type to make price comparisons more difficult and to encourage browsing. For example, a shelf will contain all the varieties of Campbell's Soup rather than all the varieties of split pea. When retailers alphabetize soup cans by type, studies found, their profit margins drop significantly.

Location, location, location. Because shelf space is at a premium, most retailers charge a "slotting fee" to stock a product—up to $25,000 for prime eye-level positioning. Space on aisle end-caps is even more expensive; some companies like Coca-Cola, Pepsi and Frito-Lay pay grocery chains more than $1 million a year for a permanent display that is separate from their primary shelf space.



Children make the best shoppers. In the cereal aisle the "healthier" choices are put on the top shelves with sugary products on lower shelves, at a child's eye level.

Eliminate distractions. Like casinos and shopping malls, supermarkets have few windows or clocks. This directs the attention of shoppers toward products and away from outside distractions.

Flower power. Stores place fruits, vegetables, and flowers near the entrance. This layout is intended to encourage impulse purchases of these high-margin items before shoppers become more price-conscious as their baskets fill, and to create the impression of freshness and beauty in the store.

Hide the important stuff. Did you come in just for bread, milk, produce, and eggs? It's no accident that these staples are often located in opposite corners of the market. By spreading the most commonly bought items far apart, the store guarantees that shoppers see the widest variety of goods, increasing the chance of impulse purchases.

feature > Carrie McLaren interviews Edward Shorter

BORDERLINE HYSTERIA

The History of Psychosomatic Illness

In *Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era*, Edward Shorter sets out to illustrate a few simple ideas. Most of the medical symptoms your typical American suffers from are psychosomatic—in other words, they can't be traced to any organic cause but are rather the result of some mind-body interaction. The symptoms may be real, but the cause is psychological, stemming from depression, anxiety, or stress. Today, this manifests itself in the headaches, backaches, fatigue, diarrhea, dizziness, and joint pains that concern so many patients.

While exploring the history of psychosomatic illness, Shorter looks at how the symptoms have changed over time and at the forces behind those changes. His thesis is that psychosomatic symptoms change with the culture—meaning, among other things, that they evolve to match the prevailing medical diagnoses of the day. In the early 1800s, for example, doctors talked about "spinal irritation," believing that when a certain point along the spine was pressed or hurt, it created peripheral pains and other motor (muscular) system problems. Consequently, doctors increasingly began seeing patients whose problems conveniently fitted the diagnosis. These patients—usually women—complained of temporary blindness, paralysis, and other ills. Some couldn't walk, others couldn't move their arms, many remained paralyzed for months in bed. Doctors would come across patients so catatonic that it was impossible to tell whether they were alive. Unable to detect pulses or respiration, doctors found that the only sure sign of death was when the body emitted a "cadaverous smell."

Some of these patients no doubt had undiagnosed organic diseases. But Shorter convincingly argues that the majority of cases were psychosomatic.

It's a funny thing: by the early 1900s, these symptoms had virtually disappeared. Medicine had started to shift away from the spine to the brain. Also, the social position of women improved. Whereas Victorian era mores had rendered women immobile—unable to have careers or lives of their own—psychogenic paralyses were, Shorter contends, "a metaphorical way for women to convey their dysphoria." Once women won greater freedom, these kinds of symptoms became obsolete.

Psychosomatic symptoms didn't disappear, however—they simply changed with the times. In case after case, from somnabulism to neurasthenia to "Yuppie flu," we see how medical and cultural trends alternately reinforce and erode particular psychosomatic symptoms. Shorter argues that this is because patients don't want to be seen as crazy and they therefore unconsciously or semiconsciously exhibit the "right" symptoms. Someone who complained of temporary blindness or paralyzed arms today would be sent straight to a psychiatrist, whereas headaches or joint pain would be taken more seriously. This isn't to say patients deliberately choose their symptoms—quite the contrary. While Shorter cites historical examples of patients who controlled, or even faked, their symptoms, most of these people were most likely unaware of the mind's role. Even if patients somehow did become aware, there would be little they could do directly to stop the symptoms. Through a mysterious quirk of the unconscious, inner turmoil was masked by the common symptoms of the day. Or, I should say, *is* masked. Although Shorter's book says little about the contemporary experience of psychosomatic illness, it's clear that similar mind-body-culture interplay is very much alive today.

Professor Shorter is the Hannah Chair in the History of Medicine at the University of Toronto. The author of over a dozen books, he is currently researching the history of sexuality and the history of psychopharmacology. We spoke by telephone in June 2003. —*Carrie McLaren*

Photos from *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêriere,* by Georges Didi-Huberman (MIT Press, 2003). Photography helped create hysteria as a syndrome in the late 19th century.

The moment something becomes *possible* in medicine, it becomes *probable* that it will be done. All of a sudden it became possible to remove the clitoris!

STAY FREE!: In a past issue of *Stay Free!*, we looked at how TV and advertising shape the public's understanding of illness. One of the things I thought was interesting about your book is that it shows how this process of "shaping" goes way back—it didn't begin with TV or the internet. William Whyte published a book in 1750 on nervous illness. Could you talk a bit about that and how it affected patients at the time?

SHORTER: The underlying process going on here is that patients endeavor in an unconscious or semiconscious way to produce symptoms that will correspond to the medical diagnostics of the time. Whyte's focus on nervous diseases caused lots of patients to orient themselves away from their bowels and abdomens, where humankind had been fixated for about 500 years, to the central nervous system. Rather than talking about dysphorias in terms of the spleen, patients would increasingly start talking about nerves.

STAY FREE!: Were people actually reading medical literature or did they find out about these things from doctors?

SHORTER: Whyte's book did not have a wide circulation among the public. How people pick up their medical ideas is an interesting point. Today they take them from the media, from television. Back in the 18th century, it was from the upper-middle-class drawing room, where people would talk about the newest medical fads and ideas of the day. The world of science and medicine was much more generally accessible to the literate public than it is today. It would be unusual for nonphysicians now to discuss an article in the *New England Journal of Medicine,* but in the 18th century it was quite common among educated people.

STAY FREE!: In your book, you mention that anorexia dates from the late 1800s, which strikes me as odd because I've always considered it a contemporary problem stemming from media influence. What was the genesis of this particular illness? Was it similar to anorexia in the modern sense in that patients wanted to be thin?

SHORTER: No, the fixation on thinness certainly did not exist then. Women's ideal weight was set about twenty pounds heavier than it is now. I think it was sociogenic; you can see it arising at the family dinner table. The whole concept of the emotionally involved family is a relatively recent construct. Before that families were much more functional. They were oriented to running the craft shop or the farm. People didn't see themselves finding their personal happiness in family life. This new type of family affected large numbers of the population around the middle of the 19th century. And not everyone was comfortable with the intense sentiment.

STAY FREE!: What do you think caused this shift in family life?

SHORTER: There are lots of theories. One is that capitalism created a hostile environment and the need for people to find some emotional place to shelter themselves against competition. There's lots of speculation on the part of academics. But, regarding anorexics, let's say you have young women who are trying to establish an independent realm for themselves, who are trying to get away from the intense parenting that would go on until they got married. With the dinner table becoming the primary family focus, food refusal is a way of declaring a kind of time out. It's a way of saying "I don't want to be a part of this scene so I'm not going to eat." Only later does the intense interest in slimness arise. That doesn't surface until the 1920s, when women started wearing revealing clothing.

STAY FREE!: Many of the treatments for medical symptoms were brutal: doctors would place burning rods on patients' backs to cure a paralyzed arm; they would cauterize the clitoris to cure hysteria; women who complained of having paralyzed arms or legs would have the limbs amputated. It makes you wonder whether the doctors performing these savage operations were aware of the psychological causes. Some of the doctors clearly were—you mentioned one doctor who gave comatose patients enemas to see if they would get up to avoid soiling their beds.

SHORTER: Well, the moment that something becomes *possible* in medicine, it becomes *probable* that it will be done. There's a fascination with novelty that doctors share with everyone else. These are the very early days in abdominal surgery, where every incision seemed like a pioneering gesture. So here come these young women that have these chronic emotional problems that doctors have rolled their eyes about for centuries, and all of a sudden it becomes possible to *remove the clitoris! remove the ovaries!* Often the women and their families

were in favor of it, so the temptation was irresistible. The ovaries were thought to be the seat of much irritation that would flood into the female nervous system; they were removed on a massive scale.

STAY FREE!: Even in recent times there have been a lot of unnecessary hysterectomies. Do you think this is a legacy of these ideas?

SHORTER: It probably is. Many women have [various] psychosomatic symptoms around the time of menopause, and it's very tempting to associate these problems with the uterus and the ovaries. This operation usually fails if the goal is to produce some psychic relief, because things like depression and anxiety don't begin in the uterus. Nonetheless, these operations are still done on a wide scale.

STAY FREE!: "Chronic masturbation" was treated by stitching the labia together. What happened to chronic masturbation as a symptom?

SHORTER: Masturbation ceased to be something that warranted medical attention in the 1930s. In fact, masturbation is now seen as therapeutic; people are taught how to masturbate to maximize their sexual pleasure.

STAY FREE!: You wrote about how some of the most fashionable people have the most cutting edge symptoms, the ones that are most medically up to date. Can you give me an example?

SHORTER: If we're talking about today, new illnesses appear first among educated people simply because they are more plugged into medical media. These middle- and upper-class people are the first to begin monitoring themselves or their children for evidence of peanut-butter allergies or excessive tiredness. It is from these relatively small social groups that the symptoms radiate out.

STAY FREE!: What's the evidence that this is in fact the pattern?

SHORTER: Historically, you can see how the patterns form. Concern about sensitivity to peanut butter, for example, used to be confined to upper middle class neighborhoods. Now it's epidemic. Same thing with multiple chemical sensitivities.

STAY FREE!: But this in itself doesn't necessarily mean it's psychosomatic, does it? It could be that uneducated people are less likely to identify health problems or less likely to visit the doctor.

SHORTER: But the evidence is clear that multiple chemical sensitivities are psychosomatic. These are not organic problems.

STAY FREE!: There are, however, people who are actually allergic to peanuts.

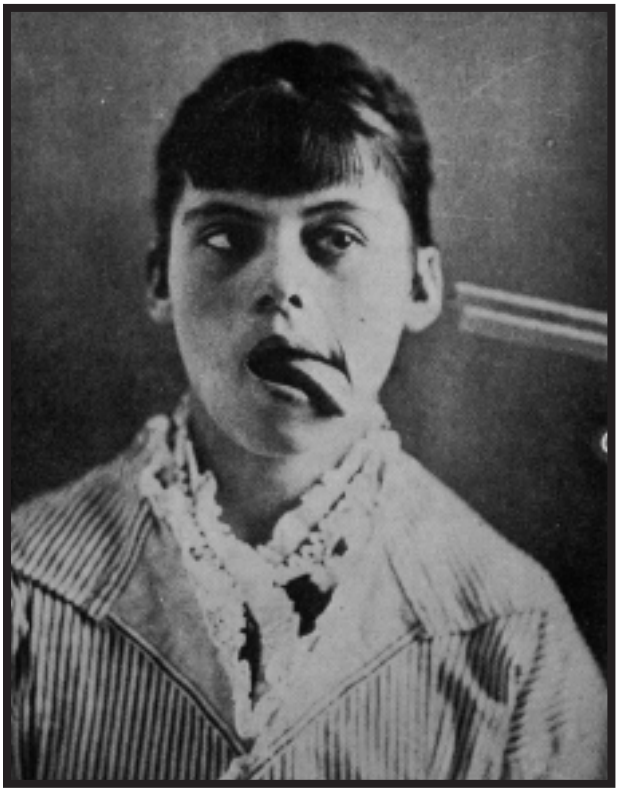
SHORTER: Yes, there is such a thing as peanut allergies, but that doesn't mean that everyone with the diagnosis has them. Peanut allergies are rare, but today it's hard to find a fourth-grade class without a couple of kids who are thought to have them. It's become an object of epidemic hysteria.

STAY FREE!: What's the difference between a real peanut allergy and a fake one? How does the patient's experience differ?

SHORTER: With a fake peanut allergy, it's the parents who have the symptoms—anxiety, unrealistic attributions of illness to banal symptoms in their children. In a real peanut allergy, the child is highly symptomatic.

Peanut allergies are rare, but today it's hard to find a fourth grade class without a couple of kids who are thought to have them.

A patient demonstrates the purported effect of a tuning fork on the tongue. The photo, originally published in 1889, is reprinted in *Invention of Hysteria.*



At the typical family practice about half of patients' complaints are not the result of an organic disease; they are the result of some sort of mind-body interaction.

STAY FREE!: Among French troops who suffered from shell shock in WWI, paralyses were common, whereas in WWII, no one had paralysis, they all had cardiac and gastrointestinal troubles. What's behind this? Was there a similar shift seen among American troops?

SHORTER: American troops were not as involved in WWI as the French were, so Americans didn't have a chance to develop as deep a revulsion to trench warfare. But it's interesting that the symptoms of shell shock seen in the first World War were not the ones seen in the second. By World War II, army doctors had started to associate paralysis or Parkinsonian trembling with hysteria, so they were much more inclined to say, "Get back in your tank, there's nothing wrong with you." The main difference between the two world wars is what the doctors learned in treating men rapidly to get them back in action.

STAY FREE!: Historically, some of the most respected doctors had some of the screwiest ideas. Do you see any parallel today?

SHORTER: My research field is psychiatry and psychiatry is filled with artifactual diagnoses, doubtful remedies, and drugs that don't work very well used instead of drugs with demonstrated track records simply because the good drugs have run out of patents and the drug companies aren't marketing them anymore. The drugs that are still covered by patents are the ones that are marketed systematically to physicians. So there's a lot going on today that isn't scientific.

STAY FREE!: You've written that patients today are more sensitive to body signals; they're more likely to go to the doctor for something than they would have a few decades ago. What's the evidence for this?

SHORTER: There are surveys by the National Center for Health Statistics with comparable surveys from the 1930s showing that patients are *much* more sensitive.

STAY FREE!: That's ironic. On one hand people are less trusting of their doctors, but on the other, they are *more* trusting of medical science because they believe that they can be relieved of every imaginable symptom.

SHORTER: Our confidence in science and medicine is very well placed. It's just a shame there has been a breakdown in the doctor-patient relationship, because doctors are able to help patients with psychosomatic problems if the patients are willing to trust them.

STAY FREE!: You've said that most of the things people visit their doctors for are psychogenic.

SHORTER: At the typical family practice, about half of patients' complaints are not the result of an organic disease; they are the result of some sort of mind-body interaction. That's what drives family doctors crazy—they see all this hysteria.

STAY FREE!: There needs to be another word than *hysteria*. It's so stigmatizing.

SHORTER: Of course, doctors don't use that word with patients. They'll say "functional," which means "not organic."

STAY FREE!: How do you think doctors *should* respond to patients when they suspect their problems are psychosomatic? Do you think doctors should recommend medication of some kind to help alleviate the symptoms?

SHORTER: One thing that helps psychosomatic patients is telling their story to the doctor, so giving patients ample time is very important. But there is no specific medication for psychosomatic problems, aside from a drug like clomipramine, which lessens anxiety.

STAY FREE!: So are you saying that doctors shouldn't tell patients to take Pepto Bismol? That, if they prescribe anything, it should be antianxiety meds?

SHORTER: A doctor tells patients anything that will be therapeutic: see a homeopathist if necessary. Valium by all means. What the doctor himself thinks is, "Another case of hysteria. Psychiatric material."

STAY FREE!: Didn't doctors used to prescribe sugar pills?

SHORTER: Yes, it was once very common for doctors to prescribe a placebo, and that went on for decades and decades *to the benefit of patients*, I might add, because placebo remedies really do work. You destroy their effectiveness when you tell a patient, "I'm prescribing baking soda." I have a lot

of problems with a particular version of bioethics we have today that says it's unethical to lie to patients. If we can help patients by lying to them, then by all means, lie to them.

STAY FREE!: I want to talk about gender, since these problems, historically and now, are especially common among women and girls. Other than sexism, what do you think is behind this?

SHORTER: I don't think sexism is behind it at all; many women who have mystery illnesses are self-diagnosed. Now, there may be something about the interaction between male physicians and female patients that makes the doctors more likely to see psychosomatic issues in a female and organic issues in a male. But I don't think that's the major motor behind this. Women are more sensitive to their bodily signals and are more inclined to see them as evidence of disease. Why is that? Well, I think it's because women experience loss and grief and trauma more deeply than men do. The loss of a friend, for example, the death of a relative—these loom larger on the female radar than they do on the male radar.

STAY FREE!: You don't think women are just more expressive of these problems?

SHORTER: No, I think they psychologically experience the loss more deeply. Men express their inner dysphoria more in the form of sociopathy. They do tractor pulls and get into barroom fights.

STAY FREE!: What about class differences?

SHORTER: The middle classes are more symptomatic than working classes because they're more plugged into the media.

STAY FREE!: Race?

SHORTER: The racial differences I'm aware of would be explicable as class differences.

STAY FREE!: Do you consider clinical depression an organic illness?

SHORTER: Yes, I believe depression is caused by some kind of brain process. It's a disease that is in a way just as organic as mumps or liver cancer—although, unlike liver cancer it has a fluctuating course. It comes and goes in waves whereas liver cancer is chronically progressive: it only gets worse.

STAY FREE!: I have a quote from you from *Reason* magazine, 1997, regarding Gulf War Syndrome: "It's absolutely unmistakable" that "the symptoms are thoroughly psychosomatic . . . The syndrome has no scientific status. It's entirely driven by political needs and the media's need for sensationalism."

SHORTER: By the way, I'm sure we're going to see the men and women coming back from Iraq with latent symptoms as well. This has become standard; every time there's a deployment, everybody comes back sick.

STAY FREE!: Have you ever gotten in trouble for statements like this?

SHORTER: People tell me to shut up, but I have tenure.

STAY FREE!: But you're a historian, you're not a doctor.

SHORTER: I'm a medical historian. I went to medical school, but I don't have an M.D.

STAY FREE!: But "*absolutely unmistakable*," "*thoroughly psychosomatic*"—is that necessary?

SHORTER: It hurts people to hear that, but these patients from the Gulf War have been investigated exhaustively and nothing has ever been found.

STAY FREE!: But there are plenty of diseases that were once falsely considered psychosomatic: multiple sclerosis, epilepsy . . .

SHORTER: Medicine today is much better. It's very different from medicine in the 1870s.

STAY FREE!: Asthma used to be considered psychosomatic.

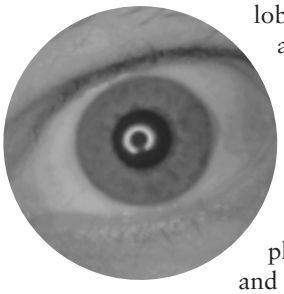
SHORTER: Yes, by the Freudians. Asthma and high blood pressure and hives. And there were a bunch of other things that have since been recognized as organic, but that's simply the sign of the march of medical progress. ■

High school teachers:
Check out the *Stay Free!* media literacy curriculum. Download readings, projects, and classroom discussion tips at: www.stayfreemagazine.org/ml

If we can help patients by lying to them, then by all means, lie to them.

SICK IN THE HEAD

Stay Free! asked our readers and contributors to tell us about their psychosomatic complaints. Here's what they said.



While word processing for a Chicago lawyer who specialized in bankruptcy judgments, I developed a kind of tunnel vision. All day I typed huge complaints that were mostly boilerplate, going after women who had run up their Famous-Barr credit cards and guys who had stopped paying for their Tercels. My boss assured me these people were all scum. He said "scum" a lot, and "credenza" and "I'm busy, I've got law to practice!" My work there was almost entirely powered by the Starbucks in the building's lobby. After one cup, my brain felt like it had an extra storey in it, my vision would collapse, and I would find myself unable to stop typing. My boss said he really admired my work ethic, but ethics had nothing to do with it. My eyes would get locked onto the complaint, which became clear and distant. It was like riding an elephant. The world was very small but precise and nauseating. Finally I would get up and go to the bathroom, which was down a very long hallway. The women's room was across from the men's room, and the tunnel vision effect became particularly intense whenever I crossed paths with my boss or another lawyer while heading back from the bathroom. It felt like a train coming at me. I kept vowing to stop drinking the coffee, but my boss kept buying me double espressos, so this went on for quite some time. —*Angela Woodward*

Several years ago my longtime boyfriend and I got engaged. The ring was a sterling silver band engraved with the words *vous et nul autre* (French for "you and no other"). It was a long engagement, and I wore the ring for at least two years, never removing it. After wearing the ring for so long without incident, all of a sudden it began to irritate my finger. I developed a painful, itchy rash and had to stop wearing the ring. It turned out that my fiancé was cheating on me at the time—my subconscious was trying to tell me so! —*Victoria Sweat*

Over the past year or so I have been hearing voices that aren't there, usually as I'm waking up. I can hear them trail off as I look around to see who's there. The strangest occurrence was at a friend's barbecue. I heard someone scream, "Hey!" in my right ear, but everyone was just sitting around eating and drinking beer. When I asked if anyone had just yelled "Hey!" they cautiously replied that they hadn't. I'm not overly worried, since the voices only seem to want to get my attention at this point. Also, it could have been someone yelling on the street that no one else noticed. But it's odd that this only started happening when I moved into my new apartment, which used to be a public school. Am I haunted by a dead, disgruntled vice principal? I don't know. However, I promise to get help when the voices start bossing me around.
—*Chris Warwowski*

When I was 14, my parents went out of town, leaving the place to me and my friends. We got high as hell, went nuts for two days, and documented the entire bender via VHS. I hid the video in my underwear drawer and more or less forgot about it until late one night when I woke up with an awful stabbing pain in my abdomen. I was positive my appendix was going to burst. I knew you could die from your appendix bursting, but I was too embarrassed to wake my parents and tell them because what if my appendix wasn't really bursting? So I decided to wait it out, and if I died in my sleep, then I died in my sleep—only I couldn't die and leave the videotape! My mother could *never* know about that weekend. So I got up, smashed the tape to smithereens, and crawled back into to bed to await my fate. I woke up the next morning with nothing more than a sore stomach and a demolished video, which I'd give *anything* to see today. —*Lindsay Sullivan*

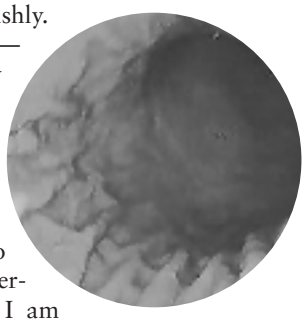
Several years ago I began having severe stomach pains. The doctor couldn't figure out the problem even after a couple rounds of tests. I

wound up taking Prilosec, and it helped, but again, as far as the doc was concerned, I had nothing physically wrong. Concurrently, however, my wife and I were going through a tough stretch. After things got better, guess what? So did my stomach. —*Fred Mills*

On a fifth-grade class trip, we all took a boat ride—where we were going to, or from, I can't remember. What I do remember is that it was a cold and rainy day and that we were all inside the boat's cabin when I started feeling ill. I asked the teacher if I could go stand on the deck and get some air because I was seasick. And he said, "Do you know what a psychosomatic illness is?" I said, "No." And he explained it to me and suggested that maybe I was simply feeling seasick because I felt that I *should* feel seasick, since I was on a boat. He said that if I really wanted to go outside, that was fine, but that I wouldn't be able to come back inside—I'd have to make a choice, to stand on the deck, where it was raining, or to stay inside the cabin. (This is one of those things that everyone overlooks in their rosy accounts of their childhood: the fact that you are at the mercy of strange and arbitrary rules.) Anyway, his explanation that my seasickness was imaginary seemed sensible to me, so I opted to stay in the cabin, nursing my stomachache, until the boat ride was over and I projectile-vomited on the dock. The teacher, to his credit, was really, really apologetic. —*Tim Carvell*

I have suffered from panic attacks off and on since I was about 11, and I've pretty much been on medication since I was around that age. On September 11, 2001, I had the worst panic attack of my life. I fainted and was shivering on the floor for nearly four hours, unable to get up because every time I tried I got dizzy. A few hours later, I was finally able to get up and walk to a friend's house on the Upper East Side. The next day, however, I was riding the subway and almost collapsed. I was pretty freaked out and someone had to call the paramedics. Since then I've gotten tense and/or anxious around the same time every day, between 8:30 and 11:30 a.m. Although it is much better, I can still feel my chest tightening, and I start to hyperventilate on occasion, especially during those hours. For the first few months after the 11th this occurred pretty much every day. I don't know if it's a pattern I got myself into or if it's something biological (probably a bit of both), but it made it very hard for me to concentrate at work during those hours for a good year. —*Jim Morrissey*

This past summer I graduated early from college and found myself growing anxious. My whole life had been geared toward graduating, and suddenly I had no goal, no purpose. "Should I move in with my boyfriend?" "Will I be able to afford rent?" "Should I start looking for a new job?" Around this time, I noticed that my right eye began twitching. It wasn't so bad at first, but as I grew more and more concerned about postcollege life, my eye twitched ever more feverishly. Eventually I started to see "swimmies"—what appeared to be mice or bugs—in my peripheral vision. After about the third day of trying to catch the mice and bugs, I realized there wasn't anything there, that the twitching eye and the evasive mouse sightings were simply manifestations of a greater anxiety. I was forced to deal with my "issues." Now that I am exercising regularly and keeping a journal, I am happy to say that my eye doesn't twitch and the only mice I see are the ones escaping from the back alley dumpsters. —*Christina DiLisio*



While staying with my parents one summer during college, I started having sharp stomach pains. My mom took me to her doctor, who gave me a battery of tests, none of which amounted to anything. I was given some drugs but they only put me to sleep. When I returned to school, the pains persisted, so I visited the university doctor. I explained the problem to him, and he responded by saying that he recognized my voice. I was a DJ at the college radio station, and he went on about how he loved my radio show. Normally I would have appreciated the compliment, but, y'know, you don't want the man putting his hand up your rectum talking about your radio show. It's just wrong. And when he called me at home a couple of times, I was sure he was up to no good. At that point, I decided that the cure for my stomach problem was worse than the disease and resolved to live with it. Of course, as soon as I did, the problem went away. —*Carrie McLaren*

Unable to sleep a few months ago, I decided to spend time on the computer. I belong to an email list for environmental topics, and disease and disaster are typical subjects. My hand was anchored under my chin, and as I read a listing about cancer, my hand suddenly felt a small lump in my throat. I don't mean the kind of lump when you swallow but a small one about the size of a pea right under the skin. Well, I started imagining that I had some sort of cancer, and I decided the best thing to do would be to go downstairs and awaken my boyfriend to inform him that he would have to find another mate since I would soon be dead. It was just as I pushed my mouse away that I suddenly felt sick to my stomach, and my mind was taken over by black smoke signals. I passed out on the desk and awoke a few minutes later with heart

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racing and sweaty palms. The worst part was that the lump in my neck was still there—I hadn't imagined it. The next morning I scheduled a trip to the doctor. After a few tests, it was determined that I was healthy but suffering from a swollen lymph node due to allergies. After this experience, I haven't determined which is worse: my allergies or my mind. —*Leslie Birch*

A few years ago I broke up with my husband and lost my job in the same week. Soon after, I learned I was pregnant. Life sucked. I am a mostly sound person with no overt neuroses, but I suffered a bizarre mental spell during that time. I was standing in line at my local Boston Market when the voices of the cashier and people around me began to evolve from English into a strange language, completely unrecognizable. Everyone was speaking in tongues, gobbledygook, and I couldn't understand a word. I felt physically fine otherwise but alienated from the rest of the planet. It was the deepest sadness imaginable. I'd guess this was probably something hormonal, but no doctor has ever been able to confirm that. It never happened again. —*Marilyn Carino*

After graduating from college, I worked as a teacher's aide in an elementary school in Allston, MA. Because I couldn't afford to rent an apartment, I commuted from my parents' home. As the teaching program was winding down, I still had not quite figured out what I was going to do next. I had no money saved, and I was living with my parents in an economically depressed community, one that I had hoped to leave for good. One afternoon, sitting in a park with my friend Mimi, I began itching like mad, all over my arms and legs. I squirmed and scratched all the way home as a rash spread all over my body. It turned out that I had hives, and they lasted at least a week. During that time, I met Mimi's parents, both of whom are deaf. Mimi told me that they gave me the nickname "Ed Scratch," using ASL. When we had our graduation ceremony a few days later, Mimi and I arranged to have the signer onstage introduce me as "Ed Scratch" when my name was announced, for their benefit. —*Ed Bordas*

My college roommate and I both had debilitating stomachaches about once a month, though never at the same time. One time I even took Dannie to the emergency room. They hooked him up to an IV of water and then he was fine. We talked to our respective doctors, but they never had answers for us. This went on for three or four years, during which we lived in three or four apartments, so I couldn't blame environmental poisoning. Nor were the pains linked to any dietary habits. We never figured it out. After college, we each had about one more stomachache. Then it stopped. Was it the stress of college? Too much coffee? Who knows. —*Chris Powers*

I have bizarre "sensitivities" to cash registers and magnetic sensors, to natural foods, and to stagnant air in people's houses. I also get phantom pains, only to hear later from someone that they were hurting in the exact same place. I get mood swings and anxiety attacks the day before a major upset occurs in my life. My best friend thinks I'm psychic, but the doctors throw around that word "somatic" an awful lot. How can I be somatic about stresses I'm not even going to have until the next day? —*Denise Varisco*

My parents raised my brother and me (I'm a girl) as devout Catholics, so I really wasn't informed about our different biological/reproductive makeups. My mother was also a self-proclaimed doctor. She read every medical book in sight and kept the Merck Manual handy. So after experiencing bizarre symptoms at the age of 6, I broke out her handy-dandy books, and the answer was right there in black and white. Until the age of about 11, I was convinced I had prostate cancer. —*Brittany Lacour*

NEXT TIME . . .

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text by Brian Boling; illustrations by Matt Dicke

ENTER THE WOLFMAN

The syndrome that makes you howl at the moon

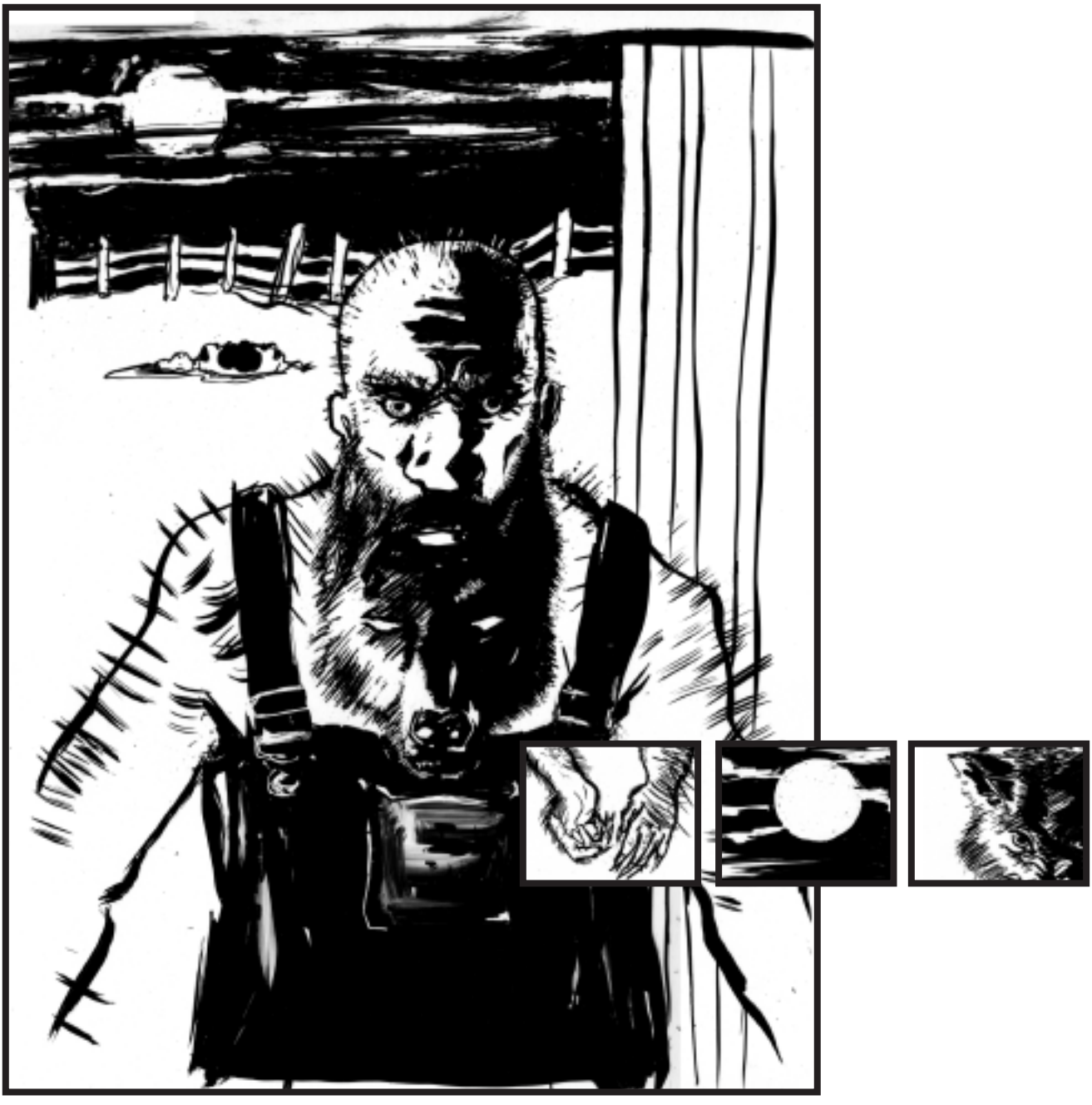
Although werewolves—that is, humans who imagine they are werewolves—were thought to have died out in the eighteenth century, reports of lycanthropy (or "wolf-madness") have reappeared in the psychiatric literature. Doctors have published papers on eighteen cases since 1975: patients who believe they are covered with fur, who mistake their hands for paws, who see a wolf's face in the mirror, who frequent cemeteries and howl at the moon.

Though some of these people were undoubtedly influenced by B-movies, the roots of lycanthropy date from the Greek myth of Lycaon, an impious king whom Zeus transformed into a wolf. In the fourth century A.D., Greek physicians defined lycanthropy as a disease, distinguishing it from the werewolves of folklore. The symptoms included hanging around graveyards until dawn; a pale, hollow expression; and incurable sores due to frequent falls. Lycanthropes suffered from unusual dryness, neither shedding tears nor salivating.

For the next eleven centuries, doctors copied these ancient accounts, adding only that lycanthropy was a type of melancholy cured by bleeding, bathing, and laxatives. The disease model, prevalent during the Renaissance, saved the life of at least one self-proclaimed werewolf. In 1601, a young French boy named Jean Grenier frightened other children by declaring that he was a werewolf and that little girls tasted sweeter and more tender than the dogs he'd devoured. Although one judge sentenced Grenier to hang, a higher court reviewing the case asked two physicians to examine him. They diagnosed the case as lycanthropy and recommended confinement in a monastery. According to a judge who visited the prisoner years later, Grenier maintained his belief in his werewolfism until the end.

For those Europeans swept up in the witch craze, the werewolf syndrome was blamed on demons; werewolf trials coincided with witch trials. Often people who had lost livestock to real wolves cited their slain animals as proof of an unpopular neighbor's werewolfism. In some cases, authorities attributed wolf traits to actual murderers, as with Peter Stubb, who killed and devoured at least thirteen children. Stubb did admit in court that the devil had given him a magic girdle to change him into a wolf. Whatever the source of the accusation, suspected werewolves were tortured until they confessed and then were burned to death.

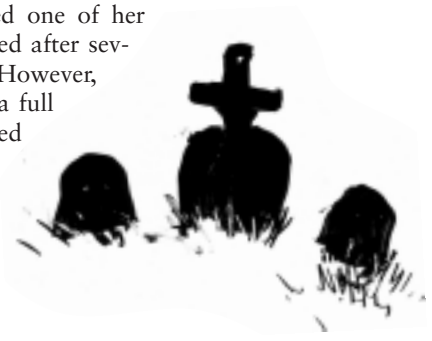
So far the contemporary cases of lycanthropy have been much gentler, both in manifestation and in treatment. In the early 1970s, a farmer let his beard grow, believing it was fur. His other symptoms included howling, sleeping in cemeteries, and lying down in front of oncoming traffic. When the doctors discovered brain abnormalities and prescribed antipsychotic medicine, he aban-



doned his lycanthropic beliefs.

A soldier became convinced of his werewolfism after taking LSD. He felt fur growing on his hands and wished to devour live rabbits. A sign reading FEEDING TIME in the mess hall led him to believe that other people knew about his transformation. The patient improved with drug counseling, but after watching *The Exorcist*, he experienced a bout of demon possession.

Intercourse with her husband caused one woman to suffer an episode of lycanthropy in which she growled and scratched at the bed for two hours. She also thought that a wolf's eye had replaced one of her own. The condition disappeared after several weeks of hospitalization. However, she did relapse briefly during a full moon, writing that she intended to haunt graveyards in search of the partner she desired. Her husband was not quite hairy enough to satisfy her longings. ■



SELLING THE WAR
Confessions of a Video Editor

"Make it exciting, like a movie trailer." A producer working for CBS News imparted these directions to me. My mission was to compile a three-minute video of the network's coverage of the war in Iraq, to be projected at Carnegie Hall for CBS's annual upfront meeting. Each year the networks put on these glitzy events to unveil their fall schedules and sell ad space—about $8 billion worth this year. I had done promotional work for CBS before, but this gig was special: this was history in the making and a chance for me to take part in the network's presentation of these literally earth-shattering events to its sponsors. The results were not pretty. Although I was not explicitly instructed to make the piece pro-war, the word *exciting* ensured that the end product would be a glorification of the American military machine, and a violation of my most deeply held values. But, as they say, it's a living.

In almost ten years of editing advertisements and network television, I've drawn an imaginary line between what I will and will not work on, based on my own tenuous moral criteria. I have agreed to work on ads for telecom and fast-food companies, but not for the biotech or cruise-line industries. I've exploited footage of murder victims for cop shows, but refused ABC's *Extreme Makeover* (a self-improvement-through-plastic-surgery series) as beyond the pale. Appropriating war imagery makes me especially squeamish. For an early job creating a "test spot" for a nasal-spray commercial, I superimposed the copy "Natru-Vent declares WAR on your stuffy nose" over actual World War II archival footage. I asked the old guy who owned the editing facility if he didn't find the use of this footage a little tacky. "Not at all," he boomed, "I was in the war, and it doesn't bother me one bit!"

Advertising is incredibly literal. Images are pulled from their previous context and used in a new but slightly familiar way. So if the copy mentions the word "war," the images should be war footage—never mind the bad taste of mining real tragedy to sell a product. I've learned not to raise my voice about such nebulous, obscure qualms—producers usually just stare at me blankly. Had I more integrity, I wouldn't accept these jobs; had I less, I wouldn't worry about it. Instead, while painfully conscious of the influence of images, I often feel powerless to subvert them—the medium being the message and all that. And I've got to pay my cable bill somehow.

The latest CBS job posed just such a challenge. My task was to create a breathtaking compilation of the dangerous and heroic exploits of the Iraqi campaign's "embedded" reporters. The video would show at the beginning of CBS News' presentation, after which the reporters themselves would trot on stage, led by anchor Dan Rather. Another team across town was working on a second war video that would close the presentation. I felt my piece should have some journalistic integrity; these were real events, after all, being presented

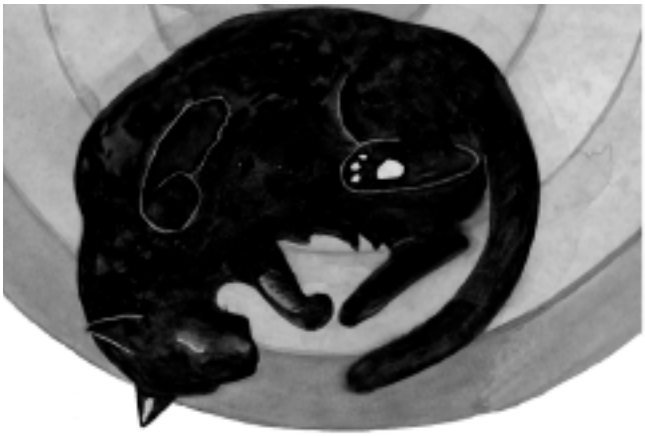
to the people who at some level decide whether and how the world should see them.

My bias toward fairness was pure sentimentality. I also knew what the network wanted: a movie trailer that would make Jerry Bruckheimer proud. I therefore chose military-themed music from the movie *The Hunt for Red October,* timing the picture so that every timpani drum roll was accompanied by shots of swarming Apache helicopters and rumbling columns of M1 Abrams tanks. Each image flashed on screen and quickly faded to black, an editing trick I especially liked in the *Matrix Reloaded* trailers. Over a series of drum hits I flashed close-ups of an American soldier staring into the distance and a woman in a black chador looking down as she starts to cry. I superimposed the fiery plume of a tomahawk missile in flight over the woman's face to simulate a falling tear. Then, as the music crescendoed, missiles struck buildings in Baghdad with big, glowing explosions. Cool. Sound bites from the reporters followed: "We are in a massive field of battle." "We're forced to wear our chemical suits, gas masks at the ready." "Coalition forces have taken Saddam International Airport."

The already tired shot of an enormous Saddam statue toppling into dust seemed like the natural big finish, but I purposely mixed it into the middle of the piece because I felt climaxing with that shot provided a pat finality that ignored the inevitable struggle in occupying and rebuilding Iraq. I was promptly told to move the shot to the end and to incorporate more footage of reporters under fire—Scott Pelley, in his khaki flak jacket, crouching behind cover as he intoned, "Fox Company is taking fire from enemy positions just over that berm," illustrated perfectly that "CBS was there."

I was puzzled by my task for a number of reasons. While I respected the correspondents' bravery, it seemed untoward for the network to advertise that it put its employees' lives at risk, especially at a time when reporters and writers worldwide continued to be targeted and killed. From a business perspective as well, one would think CBS should deemphasize its war coverage. Ratings fell during the conflict as the networks interrupted their usual escapist fare with grave-sounding updates of minutiae from the front, and the news junkies switched to cable for their fixes. So it must have been an attempt to promote *CBS News*' prestige—the continuing tradition of Edward R. Murrow, Walter Cronkite, and yes, Dan Rather—that prompted them to give the war such prominence in the meeting.

But much of the CBS "embedded" war coverage was embarrassing to watch. The reporters seemed to revel in their newfound military importance. They stared into the camera with steely determination, their heads engulfed in oversize helmets as they aped the jargon of their protectors: "enemy units," "recon," "mopping up"—all the while sealed in their armed divisions, unable to elucidate the wider context of the events they



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"It's not for everybody."

were witnessing. The tone was shrill and yet reassuring. In one report, as a young soldier headed out the door after a "stand up" on-camera interview, reporter Byron Pitts wished him "Godspeed" (an acceptable sentiment, but cringeworthy in an edited report). What's worse, reporters dismissed events that didn't mesh with the conventional line. As he arrived with army infantry in the destroyed town of Kifl, its streets filled with burned out vehicles and shattered storefronts, Jim Axelord delivered this nugget, his voice rising on key words to emphasize his astonishment:

And in one store, the kind of bizarre, *incongruous image you have to see to believe. It's inside Adam's barbershop: an image of the Twin Towers. But it's not a trophy painting of the destroyed towers; it's more like some kind of* glorification *of them.*

Bizarre? Only if you think that every Iraqi celebrated on September 11. I swiveled in my chair, hoping to share my outrage with someone—one of the producers, perhaps. But I had been left alone with my task to make this footage "exciting" for the advertisers. I marked a shot of a tank rolling down the street in front of the barbershop and moved on.

Finally, I came upon a report that examined Iraqi civilian casualties up close. Correspondent John Roberts reported on dead and wounded Iraqi civilians found by a highway north of an-Nasiriyah, their minivan "riddled with small arms fire." An American medic was bandaging a small boy. The boy's wounds seemed light, but others in the van—most likely members of his family—had been killed. His arms outstretched, the boy begged the medic, as Roberts revealed in voice-over, "not to throw anything at us again." Despite the boy's plea, Roberts dutifully noted that "no one is sure" who fired on the van, "if it was U.S. guns or the Iraqi military shooting its own citizens." I skipped this scene. Not exciting or dangerous enough.

Having finished the revisions and juiced up the video with crackling gunfire, bassy explosions, and breathy rocket whooshes, I was told that the higher-ups in the network liked the piece. While I was transferring the final work to tape, a producer showed me the video that would bookend mine as the finale for the news presentation. The other team's piece was quite different than mine in style and intent—it was composed with an entirely different set of clichés. It featured no sound effects, and every scene was in slow motion. To the strains of "God Bless America" sung by Celine Dion (a Canadian!), flags waved, fighter jets launched, soldiers saluted, Iraqi crowds smiled at the camera, and in a moment that made me jump, an Iraqi boy reached out to hug a marine medic. The boy was the same one from John Roberts's report, at the exact moment when he extended his arms and pleaded for his life. Slowed down, it looked like the boy was embracing the soldier. That was really too much. What kind of editor would assemble that footage so shamelessly? Certainly not me. That's where I draw the line. ■

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POP QUIZ

ANSWERS ON PAGE 58

1. In a 1959 *Look* magazine article about the "new" Cary Grant, the actor attributes his stronger personality and the fact that "young women have never been more attracted to me" to:

a. Electroshock
b. Psychosurgery
c. Hydrotherapy
d. LSD

2. Members of which profession are required by the federal government to retire if they start taking an antidepressant?

a. Presidential bodyguards (Secret Service)
b. Interstate truckers
c. Commercial pilots
d. Corrections officers
e. Federal judges

3. A pioneer in the psychology of packaging design, Louis Cheskin once tested color schemes by sending three underarm deodorants to experiment subjects. The deodorants were, in fact, identical—only the color of the packaging varied. How did people respond?

a. Subjects preferred the first deodorant tested, regardless of color scheme
b. Subjects preferred the second deodorant, finding that the first one irritated the skin and the third one was strongly aromatic but ineffective
c. Subjects did not notice a difference between deodorants
d. Subjects preferred whichever deodorant was packaged in their favorite color

4. Which of the following practices are regularly used in police investigations but primarily for public relations—i.e., because citizens educated by cop shows expect it?

a. Dust for fingerprints
b. Show the victim mug shots
c. Show the victim lineups of potential culprits
d. All of the above

8. What became of Lt. Robert Lewis, the co-pilot of the *Enola Gay* (the plane that dropped the atom bomb on Hiroshima)?

a. He was imprisoned by the State Department for airing his reservations about Hiroshima
b. He plunged into depression, was institutionalized, and committed suicide shortly thereafter
c. He built an enormous sculpture of a mushroom cloud with a single tear cascading down one side, then exhibited the work in major museums across the United States
d. Toward the end of his life, he married one of his Japanese victims

6. True or False: A study conducted in 1998 by the *New Yorker* found that people would prefer to have their children turn out to be "homosexual, involved in a stable, happy relationship, and have children" than "heterosexual, childless, and unmarried, or somewhat unhappily married."

7. In ancient Greece, what was Chrysippus of Cnidus' remedy for melancholy?

a. More cauliflower, less basil
b. To prevent excessive sperm loss, a mixture of ginger, honey, pepper, and epithem, to control wet dreams
c. More sex with another person
d. To stop the airy feeling of melancholy, wear a lead helmet to remind yourself that you have a head

8. What 1970s guru later became a successful lyricist, penning the words to Celine Dion's hit "The Colour of My Love"?

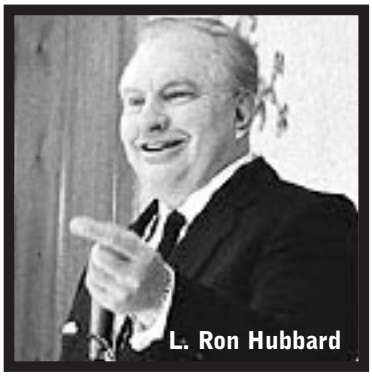
a. Werner Erhard, founder of est
b. Arthur Janov, inventor of primal scream therapy
c. L. Ron Hubbard, science-fiction author and founder of the Church of Scientology
e. Thomas Harris, author of *I'm OK, You're OK*

9. "[A]n octopus, trained for a circus . . . had been accustomed to doing tricks and being rewarded with food. When the circus disbanded, the octopus was kept in a tank and no one paid any attention to its tricks. He gradually lost color (octopuses' states of mind are expressed in their shifting hues) and finally went through his tricks a last time, failed to be rewarded, and used his beak to stab himself so badly that he died." This true story is:

a. Taken verbatim from Andrew Solomon's book, *The Noonday Demon*
b. *Stay Free!*'s favorite heart-rending animal anecdote
c. Something that a children's book author should run with
d. All of the above

10. Which of the following entertainments were not available at the U.S. launch of a major antidepressant?

a. A live orchestra performing "Get Happy," followed by Depeche Mode's "People Are People"
b. At the national aquarium, a "Stingray Feeding and Presentation for Special Guests and Their Families"
c. Gigantic photos of the Grand Canyon
d. A wall of bricks, each labeled with the name of a competing drug, which was shot down by rainbow lasers in the form of the new product's logo, while the orchestra played Pink Floyd's "The Wall" and dancers wearing helmets and holding pickaxes did a jig



L. Ron Hubbard

MY NEW FAVORITE THING

***Travel Naturally* magazine**
Issue #45

I was first drawn to *Travel Naturally* for the same reasons anyone would be: the promise of Mediterranean vistas, insight into the nudist lifestyle, and, of course, photos of naked people. But browsing its pages raises a lot of questions: If the goal is natural living, why are there so many shaved bikini lines? Why do the same six or so people reappear throughout the magazine? And if nudism is, as nudists often claim, not meant to be sexual, why are there so many voyeuristic videos for sale? I mean, how exactly is sitting in front of a television watching *Naturalist Buddies* ("The BEST male footage," featuring "Holiday Youth Party" and "Body Art Jamboree") or "1999 Junior Miss Pageant" supposed to get me in touch with nature?

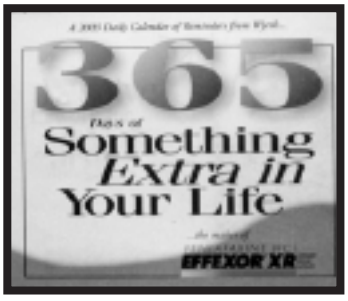
These concerns aside, *Travel Naturally* is, as it turns out, a promotional vehicle for a California-based travel agency. Still, there's more here than tour packages and child porn. My advice to the editors: fewer naked children, more nude middle-aged men with backpacks. And NEWS, more news, like the brief about a plot by teenage boys in Connecticut to run naked through a local convenience store. Then there are the TNT!MEN: Totally Naked Toronto Men Enjoying Nudity—they held a parade to protest public-nudity laws. Another story recounts a mishap during a hockey game, when a man wearing only his red socks ran out on the ice, fell, and had to be carried away on a stretcher.

Such stories, threaded with goofiness and carnivalesque politics, are something everyone can appreciate—even if you don't get off by watching naked people play volleyball.
—*Carrie McLaren*

***365 Days of Something Extra in Your Life* (Wyeth Pharmaceuticals)**

When our future Islamic overlords are sifting through the ruins of our civilization for clues to what made us tick, they could do worse than to start with *365 Days of Something Extra in Your Life,* a promotional page-a-day calendar for Wyeth's antidepressant/antianxiety drug Effexor. With a slogan in the imperative for every page, each designed to stimulate or simulate happiness, the calendar is a study in conventional contentment. The day-brightener for January 1 sets a high bar for your ambitions: "Resolve to work for peace on earth." Once that's taken care of, by January 2, you're ready to "Ski the best resorts this winter."

The calendar's commentary ranges from the inexplicable ("Visit Texas and buy a 10-gallon hat"), to the quasi-threatening ("Always ride the roller



coaster at an amusement park"). At times, the calendar lets slip an indication of a mind-set that is scary. "Don't be afraid!" says one page. "Paint your living room your favorite color!" Okay!!!

Wyeth's *365 Days* actively encourages you to deceive yourself and others about how happy you really are. At Christmas, you are supposed to "make everybody feel like they gave you the perfect gift." Escaping from the crushing agony of depression is not enough; things have to be *perfect.* The entry for September 11, which I imagine induced a crisis meeting of Wyeth's copywriters, is particularly disingenuous: "Let's fly our colors proudly as one nation united." It's not just that it's okay to be depressed on that day. Wouldn't it be a little creepy *not* to be depressed? This kind of shrill optimism, in which bad things are simply papered over and everything is just great, all the time, actually sounds a little unhealthy.

Here's the thing: Every shred of evidence from thousands of years of human history indicates that life mostly sucks. Sometimes, it really sucks, and sometimes it just kind of sucks, and sometimes, just sometimes, it doesn't suck at all. In fact, sometimes life is as great as Wyeth wants you to think it can be. But Wyeth shouldn't be in the happiness business; it should be in the antidepression business. There's a lot of ground between wretched misery and ecstatic elation, those zones and tropics of humdrum okayness or not-so-goodness or ain't-half-badness that most of us live in. —*J. M. Tyree*

Found Magazine

Because the following note was placed on the wrong windshield, it ended up in *Found Magazine*, a compilation of letters, to-do lists, journal entries, doodles, snapshots, report cards, and

a million other objects happened upon by total strangers:

Mario,

I fucking hate you you said you had to work and then whys your car HERE at HER place? You're a fucking LIAR. I hate you I fucking hate you.

Amber

P.S. Page me later

Thanks to people like Amber who misplace things and people like Davy Rothbart who pick them up, *Found* is my new favorite page-turner. Every item in Rothbart's carefully curated magazine tells a great story that is refreshingly beyond the narrative-commercial complex. — *Alexandra Ringe*

Elaine S. Abelson, *When Ladies Go A-Thieving: Middle-Class Shoplifters in the Victorian Department Store*, New York: Oxford University Press, 1989

The middle- and upper-class white women discussed in Abelson's book made for unlikely criminals—and that was the problem. Shoplifting from department stores was rampant among the "noble" classes in late 19th and early 20th century America, but the authorities didn't know what to do with the lawbreakers. Ladies, by definition, could not be thieves, and so the only option was to consider shoplifting an illness. Doctors therefore created "kleptomania," allowing both culprits and stores to maintain an air of respectability.

Abelson's evenhanded and accessible social history provides a glimpse into the golden age of the department

store and some of the contradictions contained within. At the time, shoplifting was seen as yet another sign of the emotional instability of women, but Abelson carefully places the crimes in a social context in which women were responsible for doing all the household shopping yet were given no control over how money was spent. According to feminist tracts from the period, every expense down to the last spool of thread had to be explained and justified to the husband. Abelson quotes one woman who reminisced: "In my girlhood we spoke with awe of my contemporary, Louise de Loven, who had a bank account and could sign checks!"

Moreover, many stores had a deliberate policy of encouraging women to buy more than they could afford. In 1895, the *Dry Goods Economist* reported that successful retailing rested on the ability to "sell goods when a customer is supposed to be through with her purchasing; to sell a customer something she had not the remotest idea of buying." Clerks were taught to tempt customers, and in-store displays were designed to play on their impulses. Stores also used deceptive marketing tactics, such as hiring people to dress rich and stand transfixed before window displays, as if considering a purchase.

Though shoplifting led to huge losses in sales, the department stores resisted taking actions to curb theft. Some had learned the hard way that apprehending highly respected upper-crust community members wasn't such a good idea. Other shoppers tended to believe the suspect's denials and would accuse the store of thuglike police

MY NEW FAVORITE THING CONTINUED

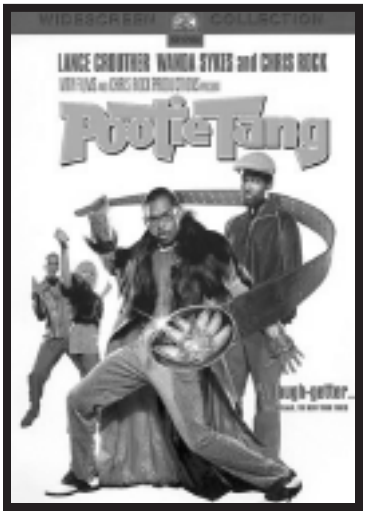
tactics. According to a newspaper account in 1899, "high class stores would rather lose hundreds of dollars than be associated in the public mind with police court trials and sensational arrests." Considering the brouhaha surrounding Winona Ryder's escapades at Saks—and the "Free Winona" T-shirts made in her defense—I suspect that very little has changed. —*Carrie McLaren*

Pootie Tang
VHS, 81 min.

When *Pootie Tang* came, and went, in July of 2001, it was received with less fanfare than Chris Rock's previous movie, the ill-conceived *Heaven Can Wait* remake *Down to Earth*. The few who did see it were treated to a fast and funny script, stellar casting, and some great subversion of the mainstream. The film effectively pokes fun at corporate greed, portrayals of black sexuality, and marketing hype without coming off as dogmatic or shrill.

Lance Crouther plays the titular Tang, a man too cool for words—literally, he speaks in a dialect unlike any known language—who fights crime when he's not running his successful Chicago nightclub, recording number-one hits, or filming public service announcements encouraging children to eat vegetables and say no to cigarettes and malt liquor. When Dick Lechter, the head of Corporate America (played by Robert Vaughn) takes notice of plummeting sales, he attempts to buy Tang off.

Ultimately, Pootie Tang is a hero not so much for kicking ass and loving ladies, as for respecting women (mostly), resisting the financial lure of marketing black coolness and...okay, he is a hero for kicking ass, but he does it in a cartoonish way. His temporary downfall comes not from a beating at the hands of his nemesis but from the public's perception that he has sold out and turned his back on his values.



Pootie Tang doesn't leave you hanging on the edge of your seat until the conclusion, but it propels you from scene to scene so you can enjoy the charismatic Crouther interact with Rock—who plays two roles, Pootie's friend and his father—as well as a talented cast of comedians, including David Cross, Todd Barry (as seen on the cover of *Stay Free!*), and Andy Richter. If nothing else, Pootie Tang is worth seeing for a hilarious performance by Wanda Sykes and the best pie-related love scene ever filmed. —*Joe Garden*

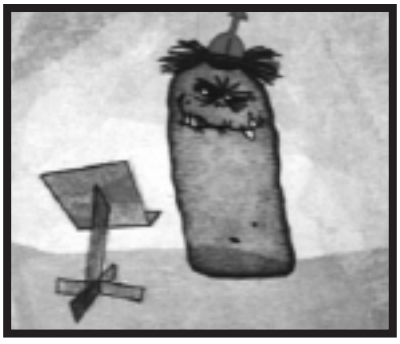
FeralChildren.com

After watching his dad murder his mom, John Ssebunya—then a toddler living in Uganda—fled into the woods, where he was adopted by vervet monkeys. A few years later, adults spotted him, pried him away from his adopted family, and reintroduced him to the human world. Now 15 years old, John still exhibits a few monkey mannerisms, but he has proven himself adept at the activities his human friends admire. He sings in the Pearl of Africa Children's Choir and played soccer in this summer's Special Olympics.

You can read about John's case and others on FeralChildren.com, a site devoted to children who grew up without the support of other humans. Some were victims of child abuse. "Wild Child" Genie, for instance, spent her childhood locked in a bedroom; Anna was kept in an attic. But the most interesting cases are the kids raised by animals. Traian

Caldarar ran away from home in Romania and was found last year eating a wild dog. When discovered in 1996, the "Nigerian Chimp Boy" dragged his arms on the ground, made chimpanzee-like noises and clapped his hands over his head in the way that apes do. Shamdeo was raised by wolves, bore sharpened teeth, ate his meat raw, and preferred darkness to daylight; found in May 1972, he eventually learned sign language.

The details on FeralChildren.com are sometimes sparse, and you have to take it all with a bit of skepticism (though Ssebunya makes for a damn convincing monkey boy). Nevertheless, the articles and interviews linked from the site provide fascinating insights into the human condition. As these stories indicate, many of the habits that we consider natural or innately human are in fact cultural or socially taught. Though their circumstances differ widely, feral children tend to have a hard time not only speaking, reading, and writing, but also walking, sitting, standing, smiling, and crying. (Genie, for example, expressed very little emotion and exhibited a curious "bunny walk.") They tend to move as animals do, and their bodies adapt accordingly, developing muscles and joints accustomed to walking on all fours. Many children also seemed impervious to rain or changes in temperature—one boy delighted in playing in the



snow while nude—suggesting that our sensitivity to temperature is culturally influenced.

These findings have limited scientific value, as many of the abandoned children were probably retarded or otherwise disabled in the first place. Still, the site reminds me of primatologist Frans de Waal's work. De Waal has spent years documenting the habits that animals teach one another. In certain parts of the world, monkeys wash potatoes, fish for ants, and rub stones together—practices they learned from their mothers and peers. By prodding us to acknowledge that we are animals ourselves, FeralChildren.com slyly suggests that howling may be no more natural to wolves than singing show tunes is to humans. —*Carrie McLaren*

VD Attack Plan (1973)
Available for free downloading at www.stayfreemagazine.org

I never thought I'd hear the phrase "pain during urination" in a Disney movie. That's just one of several delights to be found in *VD Attack Plan*, an animated educational short starring a limbless but fierce commanding officer in charge of gonorrhea and syphilis germs. Sporting pockmarks, snaggleteeth, and a Kaiser helmet, the general rallies his troops against us humans, ordering them to "Maim 'em for life!" The soldiers, each of whom wears a beret marked with an S or a G, cackle as he shows them where to invade the Homo sapiens form and the nasty havoc they will wreak there—be ready to shield your eyes at the mention of the word *chancre*.

The Walt Disney Educational Media Company clearly did not have the same budget as *Snow White* or *Bambi;* nevertheless, the film features trademark Disney craftsmanship. Among the crowd of snickering germs, individual germs snicker in their own particular ways, and the score, with its oboes, bongos, and strings, is perfectly militaristic and sinister. I certainly learned (and retained) my lesson from *VD Attack Plan*—it is so much more compelling than the typical STD movies in which stern doctors try to scare the libido out of teenagers.

Disney's decision to present the germs' POV makes it truly radical for 1973, not to mention for Disney movies in 1973 (and today): No one has to feel guilty about sex, just prepared to ward off disease. Moreover, the germ sergeant mentions homosexual contact in the same breath as heterosexual contact in his list of attack methods for syphilis and gonorrhea. According to educational film archivist Skip Elsheimer, ten years passed before another VD film admitted that STDs can be transmitted through anything but male-female nookie. (Read Elsheimer's essay about *VD Attack Plan* at www.othercinema.com/otherzine/ozissue2/vd.html.) —*Alexandra Ringe*

Matt Taibbi's "Cage Match" column

I first heard of Matt Taibbi when he threw a pie made of horse semen at *New York Times* reporter Michael Wines. That was 2001, when Taibbi was editing the Moscow-based alternative newspaper *eXile*. Now he's on our side of the Atlantic, living in Buffalo, New York, and writing a weekly column for the *New York Press*. Ostensibly focused on media and politics, Cage Match doesn't really explain much about either, but Taibbi's stories are so entertaining that you don't even notice. Barely able to conceal his rage over the state of the nation, Taibbi often fantasizes about maiming famously incompetent pundits and politicians. In one column, aliens insert a giant illuminated spike up the ass of Senator John Kerry. In another, Russian mobsters arrest Fox News chief Roger Ailes and chop off his head on live television. George Bush, Taibbi writes, "should be hung up by his balls...grabbed from behind, restrained, forcibly stripped below the waist, and a big hook should be pushed through his scrotum."

Sometimes I can't help wishing that Taibbi would go even further: What exactly should be done with Bush's scrotum—baked or fried? Sliced or minced? But usually he gets it just right, as in the case of *New York Times* reporter Neil Lewis, who wrote about the ice cream "treats" and free antidepressants that the U.S. military give detainees at Guantanamo Bay without mentioning the substantial human rights abuses there:

Just wait for him as he gets out of work in Manhattan one morning, shoot him with a big net gun. Then, right in front of everybody, throw a sack over his head, tie his hands together with brambles, parade him through the streets like an animal, and finally toss him in the backseat of my '93 Grand Am, parked in the NYPD zone on 43rd. And head north . . .

If only the rest of the left-leaning press were so entertaining. —*Carrie McLaren*

ILLNESSES AROUND THE WORLD CONTINUED FROM PAGE 29

"Some cultures are more fascinated (and amused) by the startle response than others, making people who are easily frightened objects of attention."

Source: *New York Times Magazine*, May 6, 2001

Brain fag, or brain fog
Origin: West Africa

"Brain fag" is one of those phrases you would expect to see in 1930s advertisements along with housework fag and smoker's fag. (*Fag* is short for *fatigue*.) But in this case, the fag is primarily experienced by stressed-out students in Nigeria and other parts of Africa—a reaction, it is said, to the alien pressures of Western-style book learning. Symptoms include difficulties in concentrating, remembering, and thinking, as well as burning or crawling sensations under the skin and visual disturbances. *Studiation madness* is a term used in Trinidad for a similar syndrome.

Source: *Pulse*, June 3, 2002

Anorexia nervosa, bulimia nervosa
Origin: North America, Western Europe

Yeah, we already know about anorexia and bulimia, though we may confuse the two (bulimia is the one where people binge and vomit; anorexics simply starve themselves). That's because modern eating disorders are a response to that tall, skinny woman who appears everywhere on magazine covers, billboards, and television, beckoning young women to look like her. Anorexia and bulimia occur overwhelmingly in countries with advertising-driven mass media: the U.S., Canada, Europe, Australia, Japan, New Zealand, and South Africa. For those unconvinced of the media's impact, the example of the Fiji Islands provides a case in point. Prior to 1995, there was no television in the South Pacific nation, and the beauty ideal was curvy: to insult someone, you called her "skinny legs." But a few years after the introduction of television, girls in Fiji started dieting and showing signs of eating disorders.

Amok, or mata galap
Origin: Malaysia

The phrase "running amok" comes from this syndrome. The victim, known as a *pengamok*, suddenly withdraws from family and friends, then bursts into a murderous rage, attacking the people around him with whatever weapon is available. He does not stop until he is overpowered or killed; if the former, he falls into a sleep or stupor, often awakening with no knowledge of his violent acts. The pengamok is almost always a man between the ages of 20 and 45; there is only one female pengamok on record.

Some psychiatrists attribute amok to Malaysian culture's combination of extreme indulgence of young children and extreme restrictiveness for adolescents. As a result, the young men might stifle their feelings of hostility and also might blame others for their difficulties, leading them to lash out. According to social psychologists, a victim might suffer from amok after a loss of social status or another major life change.

Since the 1930s, amok has occurred rarely in Malaysia, and the few contemporary cases have been in rural areas far from modern influences. But the disorder, or something similar, has cropped up more recently in the Philippines, Thailand, Laos, and, one might argue, the United States.

Source: *Manias and Delusions*, Time/Life Books, 1992

BUYER BEWARE CONTINUED FROM PAGE 33

by the laws of the State of New York once I reached the age of 18. I await phase three of my experiment, to commence sometime after the year 2030, when this writer's presumed senescence will be the cloak under which to resume operation, and there will be an even wider palette of items to foist upon a new generation of shoppers.

QUIZ ANSWERS FROM PAGE 53

1. D. Elliot S. Valenstein, *Blaming the Brain*, p. 14.

2. C. Andrew Solomon, *The Noonday Demon: An Atlas of Depression*, p. 360.

3. B. Thomas Hine, *That Total Package*, p. 212.

4. D. Frank Mankiewicz and Joel Swerdlowp, *Remote Control*, p. 256.

5. B. *Cabinet*, Summer 2003, p. 13. Lewis was reprimanded but not imprisoned by the State Department. And though he is known to have created a giant mushroom-cloud sculpture while in therapy, it was not widely exhibited.

6. False. *Noonday Demon*, p. 205.

7. A. The other answers were the remedies of other doctors of that period: B was Philagrius' remedy; C was the anti-Philagrians' remedy; D was Philotimus' remedy. *Noonday Demon*, p. 288.

8. B. Joyce Milton, *The Road to Malpsychia: Humanistic Psychology and Our Discontents*, p. 185.

9. D. *Noonday Demon*, p. 257.

10. A. Tears for Fears' "Everybody Wants to Rule the World" was played after "Get Happy," not the Depeche Mode song. *Noonday Demon*, pp. 395–396.

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